

University of Warwick institutional repository: <http://go.warwick.ac.uk/wrap>

A Thesis Submitted for the Degree of PhD at the University of Warwick

<http://go.warwick.ac.uk/wrap/64308>

This thesis is made available online and is protected by original copyright.

Please scroll down to view the document itself.

Please refer to the repository record for this item for information to help you to cite it. Our policy information is available from the repository home page.

Women and Children's experiences of Domestic Violence

By

Eleanor Brown

A thesis submitted in partial fulfilment of the requirement of the degree of

Doctor of Clinical Psychology

Coventry University, Faculty of Health and Life Sciences, University of
Warwick, Department of Psychology.

May 2014

Total word count: 19,894

CONTENTS

Description of terms	vi
List of abbreviations	vii
Acknowledgments.....	viii
Declaration.....	ix
Summary	x

Chapter One:

Children's Experiences of Domestic Violence; A Qualitative Literature review

1.0. Abstract.....	2
1.1 Introduction.....	3
1.1.1. Aims of current review	6
1.2. Method	6
1.2.1. Literature search strategy	7
1.2.2. Selection criteria	9
1.2.2.1. Inclusion criteria	9
1.2.3.2. Exclusion criteria	9
1.2.3. Quality assessment	10
1.3. Results	12

1.3.1	Key findings	21
1.3.1.1.	Child's experience of abuse	21
1.3.1.2.	Response to and effects of witnessing domestic violence	26
1.3.1.3.	Sense-making of abuse and methods of coping	30
1.3.1.4.	Impact on relationships	32
1.3.1.5.	Access to services and support	35
1.4.	Discussion	38
1.4.1.	Summary of key findings and clinical implications	38
1.4.2.	Methodological Issues	40
1.4.3.	Future Research.....	42
1.5.	Conclusion.....	44
1.6.	References.....	45

Chapter Two:

Mother's Experiences of Relationships during Domestic Violence

2.0.	Abstract	54
2.1.	Introduction	55
2.1.1.	Domestic violence	55
2.1.2.	The Impact of domestic violence on women.....	57
2.1.3.	The impact of domestic violence on parenting.....	58
2.1.4.	Attachment theory and it's relation to domestic violence	59

2.1.5.	Current interventions	61
2.1.6.	Summary and aims of current research.....	63
2.2.	Method	65
2.2.1.	Ethical approval	65
2.2.2.	Design	66
2.2.3.	Participants and recruitment.....	67
2.2.4.	Materials.....	69
2.2.5.	Interview procedure	69
2.2.6.	Analysis	70
2.2.7.	Position of the researcher.....	70
2.2.8.	Credibility of analysis.....	71
2.3.	Results	72
2.3.1.	Superordinate theme 1: Relationships.....	73
2.3.2.	Superordinate theme 2: Effects of abuse on women	76
2.3.3.	Superordinate theme 3: Sense making	79
2.3.4.	Superordinate theme 4: Support.....	80
2.3.5.	Superordinate theme 5: Shame.....	84
2.4.	Summary of Findings and Discussion	88
2.4.1.	Implications for clinical practice	93
2.4.2.	Methodological limitations.....	97
2.4.3.	Recommendations for further research	99

2.5.	References.....	101
-------------	------------------------	------------

Chapter Three:

Eyes Wide Open; A Reflective Account of Feminist Research

3.0.	Introduction	114
3.1.	Methodological Issues.....	114
3.1.1.	Interactive interviewing process.....	114
3.1.2.	Empowerment	116
3.1.3.	Self-reflexivity	117
3.1.4.	Consciousness raising.....	118
3.2.	Ethical issues	120
3.3.	Final thoughts	122
3.4.	References.....	125

List of Tables and Figures

Figure 1: A map illustrating the literature search process.....	8
Table 1: Qualitative studies of children's accounts of their experiences of domestic violence.....	12
Table 2: Super-ordinate and sub-themes found across participants.....	72

Appendices

Appendices	128
Appendix A: Ethical approval.....	128
Appendix B: Author guidelines	130
Appendix C: Participant information sheet.....	140
Appendix D: Consent form	143
Appendix E: Semi- structured interview schedule.....	145
Appendix F: Stages of Interpretive Phenomenological Analysis.....	146
Appendix G: Sample pages of interview transcript demonstrating stages of analysis	148
Appendix H: Validity coding.....	149
Appendix I: Table summarising superordinate and sub themes	150

Description of terms

For the purposes of this paper the term 'Domestic Violence' will be used throughout to refer to a range of physical, psychological, sexual, emotional and financial abuse, which occurs within an intimate relationship. The term domestic violence is adopted as it is the most commonly used to describe patterns of controlling behaviour and the most obvious to alert people to the content of the papers. However it is recognised that this term has been criticised for minimising the gendered nature of the crime and placing an emphasis on physical abuse (McGee, 2000). Therefore when describing acts of domestic violence, the term 'abuse' may be used.

The term 'children' is commonly used as a shorthand and will be used throughout to refer to both children and young people (McGee, 2000).

The term 'survivor' will be adopted throughout rather than victim as it is a more empowering term and more accurately reflects how women have described themselves (McGee, 2000).

List of abbreviations

BPS	British Psychological Society
CAADA	Co-ordinated Action Against Domestic Abuse
DART	Domestic Abuse: Recovering Together; a group intervention programme for women and children
DASH	Domestic Abuse Women Seeking Help; National Lottery charity research programme 1999-2002
DoH	Department of Health
DV	Domestic Violence
HMIC	Her Majesty's Inspectorate of Constabulary
NCADV	National Collation Against Domestic Violence
NICE	National Institute for Clinical Excellence
NYC	New York City
PTSD	Post-Traumatic Stress Disorder
SM	Substance Misuse
UK	United Kingdom
USA	United States of America

Acknowledgments

I would like to give special thanks to all the women who participated in this study, without them this research could not have taken place. I am extremely grateful to them for giving their time to meet with me and share their experiences. Each of the women I spoke to has been on an incredible (continuing) journey and I would like to wish them all the best for their future.

I would like to thank my supervisors, Dr Helen Liebling, Dr Tony Columbo and Dr Kim Golding for their tireless support and advice. I would also like to thank Gemma Clements for her invaluable help in recruiting participants.

My thanks also goes to my friends and family who have been a continued source of encouragement. In particular my sister Sally and my husband Mark. Mark you have been my greatest advocate throughout this challenge with endless emotional and technical support. I simply could not have done it without you.

Declaration

I declare that this thesis was supervised by Dr Helen Liebling, Dr Tony Columbo and advice was sought from Dr Kim Golding. Apart from these collaborations, this thesis is my own work and it has not been submitted for a degree at any other University. Authorship of any papers arising from this work will be shared with the above named people;

Brown, E. J., Liebling, H., & Columbo, A., (2014). *Children's Experiences of Domestic Violence: A Qualitative Literature Review*. For Submission. Child Abuse Review.

Brown, E. J., Liebling, H., & Columbo, A., (2014). *Mother's experiences of relationship during domestic violence*. For Submission. Journal of Violence Against Women.

A written summary of the findings from the empirical study will be sent to participants and presented to relevant staff in the study.

Summary

Chapter One examines the literature on children's experiences of domestic violence. The research reviewed indicates that within the same family children can have different experiences of domestic violence. Within the literature five common themes were identified; children's experiences of abuse, responses to and effects of domestic violence, coping and sense making, impact on relationships and access to services and support. Children consistently experienced feelings of fear towards the perpetrator and a sense of responsibility for their mother's well-being. Further qualitative research was recommended to identify different children's resilience's.

Chapter Two explores the unique perspective of mother's experiences of their relationship with their children within the context of domestic violence. IPA analysis indicated that domestic violence led the women to experience shame and see themselves as a 'bad mother'. They attempted to distance themselves against this uncomfortable emotion by experiencing their child as a 'bad child'. There were areas of resilience and agency as the women interviewed altered their parenting style and consequently their relationship with their child once leaving the relationship

Chapter Three provides reflections on the research journey. This includes the author's experiences of methodological and ethical issues relating to conducting research with women who have experienced domestic violence, particularly with regards to the utilization of the principles of feminist and empowering methods.

Chapter One:

Children's Experiences of Domestic Violence;
A Qualitative Literature Review

This paper has been prepared for submission to the following journal:

Child Abuse Review.

See appendix B for author guidelines.

Word Count: 7, 722 (excluding footnotes, tables and references).

1.0. Abstract

There is existing acknowledgement within the literature that domestic violence has a negative impact upon those children who are exposed to it. However, existing research is often focused on questionnaire or observation methods. When experiences are sought these are often reliant upon mothers accounts of their children experiences. This narrative review explores the recent literature on children's experiences of domestic violence. Three database were used to source articles, resulting in the review of 14 qualitative studies that explore the experiences of children exposed to domestic violence. The research indicated that children experience domestic violence in different ways, even within the same family. However, there were shared experiences reported of a sense of fear of the perpetrator and what he may do as well as sense of responsibility for their mother's well-being. Within the literature five common themes were identified; children's experiences of abuse, responses to and effects of the domestic violence, coping and sense making, impact on relationships and access to services and support. Increased attention to the experiences of children witnessing domestic violence within the United Kingdom was noted.

Key Words: Domestic violence, domestic abuse, children's experiences, children witnessing, literature review.

1.1 Introduction

I reckon us kids should have the right to be listened to, when or whenever we need to be helped, and when we are in danger.

(13 year old male participant, Mudaly & Goddard, 2006, p.107).

Domestic violence (DV) is the term used when one person within an intimate relationship tries to control and coerce the other, including physical force that injures or endangers another (National Coalition Against Domestic Violence, 2005). A broader definition of DV was introduced in March 2013 which included reference to teenagers and a recognition that DV can involve coercive control without physical violence. The government now defines domestic violence as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional.

(Home Office website, 2012.)

According to data collected from the Co-ordinated Action Against Domestic Abuse (CAADA 2012 National Dataset), during 2010-2011 1.2 million females

in the UK reported DV. It was found that of these incidents, 73% of women had experienced repeated DV (Chaplin, Flatley & Smith, 2011). CAADA estimates that in 2011-2012 approximately 130,000 children were living with DV (CAADA, 2012). The same source identified the average length of an abusive relationship as five years (CAADA, 2012).

There is an increasing amount of literature that highlights the impact of DV on women including significant physical, psychological and social effects (Levendosky & Graham-Bermann, 1998). In recent years there has been growing attention regarding the impact witnessing DV has upon children (Kitzmann, Gaylord, Holt & Kenny, 2003). There is increasing recognition that exposure to abuse, even if the abuse is not directed at the child, can have significant implications for the child's well-being and development (Kitzmann et al., 2003). Recent legislation has decreed that children witnessing DV constitutes emotional abuse and puts them at significant harm (Children and Adoption Act 2002).

Statistically DV is more likely to start during pregnancy, and therefore children can be at risk to the effects of DV even before they are born (Van Parys, Verhamme, Temmerman & Verstraelen, 2014). Research by CAADA (2012) indicates that women tend to stay longer in an abusive relationship if they have children meaning that exposure to abuse is often lengthy. Equally children can be exposed to continued DV after the relationship has ended; contact with their fathers or mother's ex-partner is often used to continue threatening or

intimidating behaviour towards both the children and their mothers (Holt, 2011).

Research by Levendosky, Bogat, Hoth-Bocks & Von Eye (2012) indicates that children living with DV are likely to suffer from a range of psychological and emotional difficulties including anxiety, low self-esteem, nightmares and flash backs, self-harm, depression and psychosomatic complaints. The environment created by DV can be one of fear, secrecy and reduced emotional availability from the child's primary care giver (Thornton, 2014). This combination of difficulties can mean that children living with DV represent a significantly disempowered group (Thornton, 2014). Much of the literature has looked at the impact of DV upon children's behaviour (Yoo & Haung, 2012; Schnurr & Lohman, 2013), academic ability (Thompson & Whimper, 2010) and attachment (Levendosky et al., 2011). However, little consideration is paid to children's views and experiences of the DV they have witnessed.

In 1989 the United Nations Convention on the Rights of the Child helped to establish the rights of all children across the globe. As a result of this and various awareness campaigns, such as *This is abuse* (HM Government Action Plan, 2014), there is an increased awareness that all children's rights need to be protected and promoted in all situations they are involved (Mudaly & Goddard, 2006). Despite this there are still large numbers of vulnerable women and children worldwide who are not protected from DV or abuse and through their lack of access to appropriate support and justice systems their voices are not heard (Humphreys & Joseph, 2004). Hill (1997) identifies the

importance of including children's voices in research so that we can better understand their wishes, needs and interests in order to ensure appropriate service provision.

1.1.1. Aims of current review

The aim of the current review is to systematically review the research on children's experiences of domestic violence as well as the clinical implications.

1.2. Method

The current literature review sought to explore the following research questions;

1. What were children's experiences of domestic violence?
2. What were children's views on the impact of the domestic violence?
3. What were children experiences of services in responses?

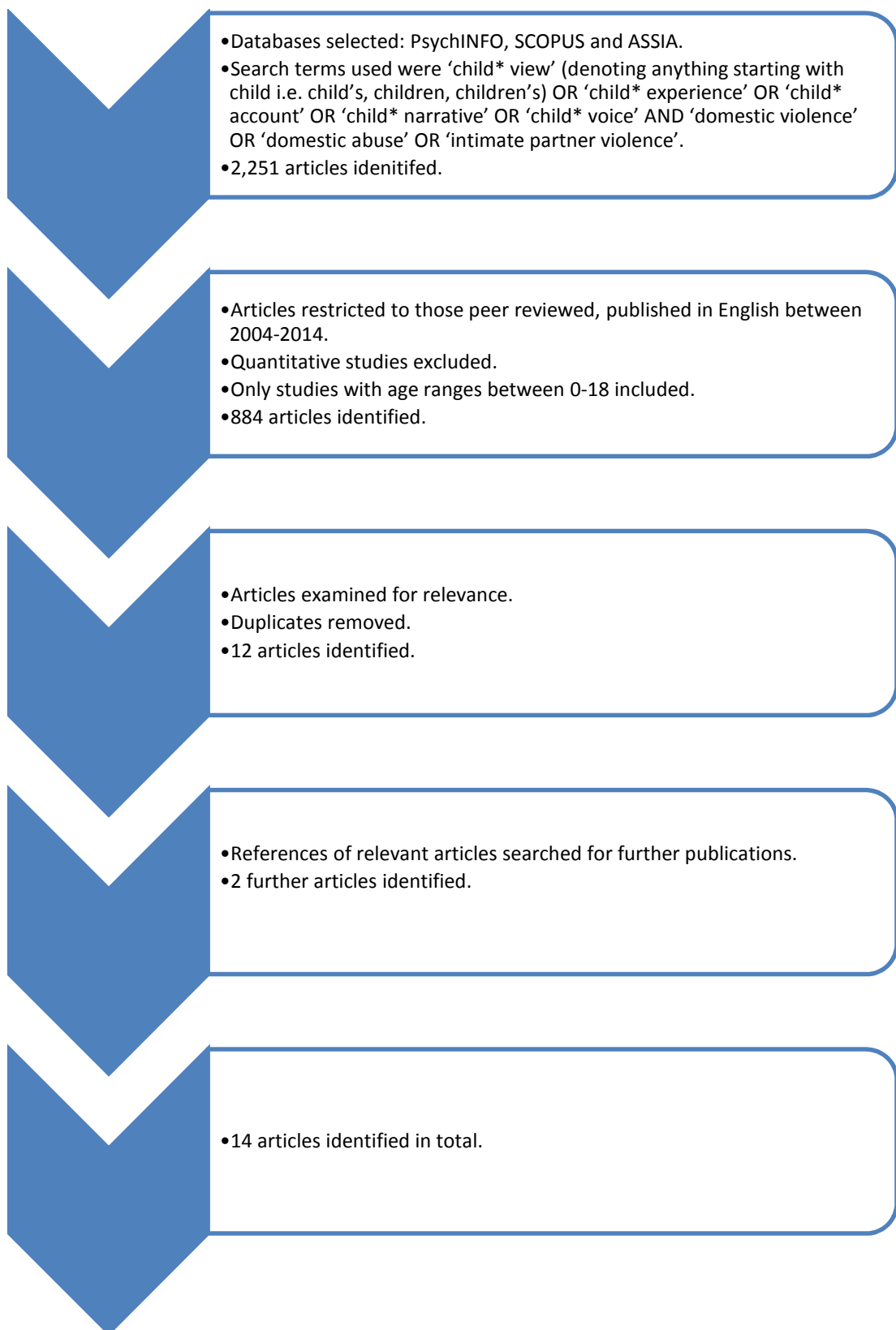
As the research questions were focused on understanding experience, the literature reviewed was restricted to qualitative studies, with the aim of identifying and collating a range of studies researching children experiences of domestic violence. As such the review takes a Narrative approach reporting themes emerging from the literature. Elements of a systematic review were used to draw together key aims, methods and findings.

1.2.1. Literature search strategy

The search terms used were 'child* view' (denoting anything starting with child i.e. child's, children, children's) OR 'child* experience' OR 'child* account' OR 'child* narrative' OR 'child* voice' AND 'domestic violence' OR 'domestic abuse' OR 'intimate partner violence'. After reviewing the current literature, these terms referring to domestic violence were felt to be the most representative at present. This initial search resulted in 2,251 results across the three databases.

The main sources were the databases of PsychINFO, SCOPUS and ASSIA. These databases were searched to locate published literature during January to April 2014. The search was kept deliberately broad, in order to identify as many relevant article as possible as it has been highlighted that qualitative articles can have misleading titles and abstracts (Emslie, 2005).

Figure 1: A map illustrating the literature search process.



1.2.2. Selection criteria

The literature was refined by the application of strict inclusion and exclusion criteria.

1.2.2.1. Inclusion criteria

The inclusion criteria were as follows;

- Studies that looked at children's experiences of domestic violence,
- Studies that used a qualitative methodology,
- Studies that were peer-reviewed.

1.2.3.2. Exclusion criteria

The exclusion criteria were as follows;

- Studies that did not use a qualitative methodology,
- Studies that used adult participants only.

Studies that were not written in English were also excluded. The age range of participants was restricted to include only children and young people. This resulted in a total of 884 articles.

The abstract of each study was read in order to determine whether they were relevant to the current review. Duplicates were removed. The full text of the remaining articles were then reviewed to assess whether they met the above exclusion and inclusion criteria. The selection procedures resulted in twelve

studies. The reference lists of these papers were then read to identify any additional articles; two further articles were included.

Ultimately the selection procedure resulted in fourteen papers that were included in the review. The main features and findings of these papers are summarised in Table 1. Articles reviewed are marked by an asterisk (*) in the reference section.

1.2.3. Quality assessment

Critical appraisal is considered “the process of systematically examining research evidence to assess its validity, results and relevance before using it to inform a decision” (Hill & Spittlehouse, 2003, p.1). However there remains debate as to whether qualitative research should be appraised by the same criteria as quantitative research given the obvious distinctions (Mays & Pope, 2000). Some basic criteria for the assessment of qualitative research has been suggested, including that; research should be conducted ethically, consideration should be given to the relevance of research to inform practice and policy, the importance of the use of appropriate and rigorous methods as well as the clarity and coherence of reporting (Cohen & Crabtree, 2008). This fits alongside the National Institute for Clinical Excellence (NICE, 2012) quality appraisal checklist for quantitative studies, which was referred to in the course of this literature review. Although not used formally to assess the quality of each study, the checklist was used to identify strengths and weaknesses of each study’s methodology. Formal quality assessment was not used due to

concerns that excluding papers that are judged as not having a high enough quality may result in sampling bias (Barbour, 2003). Details of the sample and sampling procedure are included to give the reader some indication of how the study was conducted enabling them to draw certain conclusions about the quality of the study (Emslie, 2005).

1.3. Results

Table 1: Qualitative studies of children's accounts of their experiences of domestic violence.

For guidance on abbreviations please see List of abbreviations.

Study	Sample	Age range	Methodology	Country	Additional measures	Main findings
Aymer (2008).	10 adolescent males recruited through social services agency in NYC.	14-17.	In-depth Interviews, Content analysis.	USA	None.	All experienced witnessing DV and physical abuse. Boys made sense of their experiences through the culture of gangs and drugs in the local area and the need for males to be tough.
Buckley, Holt & Whelan (2007).	22 children and young people 37 service providers & 11	8-18+	Four young people focus groups.	Ireland	Questionnaire to mothers.	Children within the same family were impacted differently but all experienced feelings of fear, anxiety and dread.

	<p>mothers.</p> <p>Recruited through refuges.</p> <p>Gender breakdown not stated.</p>					<p>Reported frustration with the police and felt 'nothing happened'.</p> <p>Felt they had missed social and educational experiences and wanted more support within school and specific programmes for DV.</p>
Dryden, Doherty & Nicolson (2010).	<p>2 adolescent brothers taken from original sample of 7 during DASH study.</p>	<p>12 & 13 Boys.</p>	<p>Case study.</p> <p>Interviews from larger study retrospectively explored.</p> <p>Psycho-discursive analysis.</p>	UK.	None.	<p>Both boys witnessed and experienced physical abuse. They made sense of their experiences differently. Authors describe the notion of 'heroic protection discourse'; both boys held traditional views of gender with men seen as powerful and women passive.</p>

Georgsson, Almqvist & Broberg (2011).	14 children recruited from an IPV treatment programme their mothers attended. Gender not stated.	8-12.	Semi-structured interviews. Thematic analysis.	Sweden.	None.	Less than half of the sample were able to narrate their experiences of witnessing violence coherently. Children were more able to describe their actions than what had happened. Many described ongoing difficulties with experiencing conflict.
Greehoot, McCloskey & Glisky (2005).	153 adolescents a subsection of a longitudinal study recruited via women's shelters. 52% female.	12-18	Follow up study of participants interviewed 6 years earlier. Interviews and measures.	USA.	Autobiographical memory task, episodic memory task, psychological adjustments scale and life	Teenagers were more likely to recall less severe episodes of DV than escalating episodes. Most could recall witnessing or experiencing DV but exact details were not well retained. Teens who held more negative views of abuser had better

					circumstances survey.	recollection. Teens who had repeat experience of DV had better recollection.
Holt (2011).	16 children and young people, 9 mothers, 6 fathers and 30 professionals. Surveyed 219 mothers. Gender not stated.	7-24.	Interviews and focus groups.	Ireland.	Questionnaires to mothers; socio-demographic details, arrangements for contact, whether child was consulted on contact etc.	Children expressed their frustration and feelings of powerlessness at continued abuse to themselves and their mothers during handover and contact. Children felt their opinion on contact wasn't asked or listened to. Consultation with children about contact was highest in the informally arranged group and lowest when formally agreed out of court.

Joseph, Govender & Bhagwanjee (2006).	5 children recruited via a welfare agency. Gender not stated.	8-12	In-depth semi structured interviews. Phenomenological analysis.	South Africa.	Supplemented by child's drawings.	Children displayed behavioural (fighting back, escaping) reframing the abuse (denial, minimisation) and affective responses (fear, anger, ambivalence) in response to DV. Coping styles varied depending on gender (with boys being more likely to intervene physically as didn't want to appear weak).
Kallstrom (2007).	10 children recruited via women's shelters, 3 girls 7 boys,	8-12.	Semi structured interview.	Sweden.	None.	Three versions of describing fathers identified; where the father is wholly bad and defined by the violence, where the children are ambivalent to the father and can see his violence alongside other elements of his personality, and where

						children construct an abstract ideal of the father and negate mention of the violence.
McManus, Belton, Barnard, Cotmore & Taylor (2013).	11 children 15 mothers recruited via the DART intervention. 1 girl 10 boys.	7-11.	Unstructured interviews.	UK.	Part of a broader evaluation of the DART service.	Children valued the joint activities with their mothers, felt this helped them communicate better as well as improving their relationship. Creative activities helped them express their feelings and experiences of DV. Children felt the group helped improve their behaviour.
Overlien (2011).	22 children from refuges. 50 directors of women's refuges.	4-18.	Interviews. Grounded theory.	Norway.	Child's drawings (faces on puppets).	Most children felt the refuge was good with positive experiences of friends, toys and activities. Some could become socially isolated as contact with friends

	Article focuses on 6 children 5-17. 16 girls 6 boys.					and activities outside of the home was minimal. All children who had received counselling felt this was helpful.
Overlien (2013).	10 children and young people taken from an original study of 25. Gender not stated.	8-20.	Semi- structured, narrative orientated interviews. Thematic analysis.	Norway.		In a study on DV ten children were identified as diverging from the rest of the group by expressing strong fear. Themes of shared experiences were identified including physical violence along with a high degree of coercive control and intervention during violence perceived as impossible (due to danger).
Stanley, Miller &	19 young people, 11 survivors, 10 perpetrators.	10-19	Focus groups, interviews.	UK.	None.	Children expressed shame and needing to keep the DV hidden as such school and peer relationships were affected. Children

Foster (2012).	Voluntary & statutory organisations. 8 male 11 female.					adopted adult roles and responsibilities to keep mother safe. Many reported unhelpful responses from services and professionals including the police.
Templeton, Velleman, Hardy & Boon (2009).	8 young people Recruited via parents attending an alcohol programme. 1 male 7 female.	12-18	Structured interview ALVI-T (Alcohol violence teenage version).	UK.	5 standardised questionnaires.	Focus was on alcohol use by parents, however this led to all experiencing DV, with some having experience of being abused themselves. Older siblings often spoke of protecting younger siblings. Many reported feelings of isolation and not being supported, most young people did not know where they could go for help and had mixed views on helpfulness of professionals.

Thompson (2011).	4 children recruited from a counselling group. 3 girls 1 boy.	6-7.	Case study design looking at group processes.	USA.	Disclosures expressed through play and words.	All children displayed feelings of anger, anxiety, fear and sadness. Some of the children displayed difficulties with conflict and intimacy. During the group greater trust, self-care and care of others developed.
---------------------	---	------	--	------	---	---

1.3.1 Key findings

A brief summary of the main findings of each of the articles reviewed is found in Table 1. When reviewing the articles a number of themes were identified. These were developed by noting common experiences that were reported within the papers and then grouping these into broader categories. The findings will be discussed in detail below according to the five themes; children's experiences of abuse, responses to and effects of the domestic violence, coping and sense making, impact on relationships and access to services and support.

1.3.1.1. Child's experience of abuse

Within many of the studies the children and young people were given the opportunity to talk about the domestic violence they had experienced. The children's narratives focused on two different experiences of DV; that which they witnessed and the abuse they received themselves. Although all of the articles reviewed focus on children's experiences of DV, some of the papers focus on specific components of the child's experience and don't report the child's account of the abuse. These papers make specific reference to the child's account of witnessing and receiving abuse showing how there can be an overlap between children witnessing domestic violence and being subjected to child abuse.

In Aymer's (2008) study participants were young American males of Latina and African-American descent. The author was looking at coping responses to DV using content analysis. The participants clearly described families where physical violence including kicking and punching was common place and several reported seeing their mothers hospitalised. The young males also described how they themselves were victims of abuse reporting being hit and kicked by their father or mother's partner. Unfortunately Aymer (2008) doesn't explain the cultural and economic profile of the area so the sample may not be representative of the experiences of other young males within the community. Another factor that influenced the interpretations of the findings was that all of the young men had also participated in therapeutic intervention and Aymer (2008) felt this may have made them more psychologically-minded than many of their peers.

A study by Dryden, Doherty & Nicolson (2010) focused on the narratives of two early adolescent brothers in Norway where the authors were looking for discourses of masculinity and gender relations. Both boys described what Dryden et al. (2010) felt were 'extreme' descriptions of violence, towards both their mother and themselves. The analysis focused around the sense-making the boys made of this in terms of notions of masculinity and gender seeing the different roles and sense making the brothers made of their experiences. Although a small sample, the research was part of a larger study which had looked at seven children's coping strategies in the face of domestic violence. The different reactions of both brothers to DV helps to increase understanding of how different children experience abuse and how this may impact their

future relationships. The authors argue that gender identities can go on to shape how we think and respond to others, meaning it may give insight into how child survivors respond in future adult relationships. What wasn't clear was why these two participants were chosen for the case study from the previous larger sample; whether they were the only siblings interviewed, or if these two participants in particular identified with the notions of gender.

Buckley, Holt & Whelan (2007) conducted research in Ireland into the impact of DV on children. Their interviews of 11 mothers and 22 children indicated that even if children do not directly witness violence they can be left with a sense of dread and fear for their own and others safety. Children learned to anticipate signs or triggers of violence and were left in a constant state of apprehension. As with many studies, Buckley et al. (2007) may be criticised for recruiting their participants solely through refuges. Previous literature has highlighted the difficulty of researching DV purely with participants from refuges as it only represents a subsection of those subjected to DV (Crawford, Liebling & Hill, 2007).

Children reported being involved in the acts of violence against their mother. Overlien (2013) expanded upon an earlier qualitative study that had looked at 25 children who had witnessed domestic violence and focused on 10 members of the sample who had diverged from the group by expressing strong reactions of fear. Overlien (2013) reported that these children differed from the others because of a number of differences in the violence they had experienced which included severe physical violence combined with a high degree of

control; for example children being asked to choose whether their mother should live, or which weapon to hurt her with. The sampling for this study was good as it included children living both in refuges and safely in the community, and interviewing such a vulnerable sample the interviewer was particularly sensitive to the ethical considerations of the young people.

Using both qualitative and quantitative methods Holt (2011) recounted the experiences of contact from nine mothers and sixteen children in a study in Ireland. Exploring children's contact with their violent fathers post-separation revealed that a concern was that children could still be involved in abusive acts after separation. Holt found that children were verbally threatened and given messages by their fathers during contact to pass on to their mothers; indicating that abuse can continue post separation for both mothers and children. The focus groups were well designed and took great efforts to make the children as comfortable as possible. The authors made efforts to create a secure peer setting similar to that of school and used vignettes to stimulate discussion. This seemed mindful of the benefits of engaging children through a focus group whilst acknowledging the secrecy that DV can create.

Two of the studies noted the way in which children recalled witnessing DV. In a study in Sweden, Georgsson, Almqvist & Broberg (2011) used thematic analysis to investigate children's perspectives of DV. Understandably they reported that many of the children used incoherent descriptions or contradictory responses when describing their experiences. According to the authors children often stated that they could not remember what had

happened or gave descriptions or phrases such as 'squabbling' to gloss over the details of violence. The children in the Georgsson et al. (2011) study also reported on their own experience of being abused, saying they were most likely to be physically abused when they were trying to protect their mother or when the frustrated abuser couldn't get to their mother. The authors were keen to keep in the narratives of children even if they were incoherent as they acknowledged that this lack of ability to tell a coherent story was crucial to our understanding of how children make sense of DV. Georgsson et al. (2011) only selected children between the ages of 8-12 as they felt children of this age would have the ability to reflect upon their experiences. In light of their findings of incoherence it may have been helpful to have had a broader range of ages that could be separated out to see if this had any effect upon their responses.

Greenhoot, McCloskey & Glisky (2005) conducted a longitudinal study of adolescent's recall of experiences of DV in America. One hundred and fifty three adolescents were questioned six years following their initial interview to see how they remembered both mother-directed and child-directed abuse. The authors found that the recall of events in detail was poor and that the more severe forms of witnessed violence was most likely to be poorly recalled. The study also suggested that recall of events was related to how much the child blamed the abuser; finding that a greater level of negative attitude towards the abuser resulted in greater recall. These studies raise some interesting questions about children's recall of witnessing violence. Greenhoot et al. (2005) state that although adolescents remembered and reported witnessing

(and receiving) domestic violence the exact details were not retained over time, particularly when the mothers were the victims. The authors proposed the possibility of a trauma-specific form of amnesia, and queried whether forgetting trauma was normal. Another considered theory is that trauma creates fragmented sensory memories, which are harder to verbalise (Siegel, 2003). The authors did not question whether this could be an adaptive response; perhaps not recalling the specific details of the violence has allowed the young people to move on from their experiences, in this sense the lack of memory seems to be seen as a deficit rather than a coping mechanism.

1.3.1.2. Response to and effects of witnessing domestic violence

Many of the papers outlined the children's accounts of their response to DV. The literature suggests that children's responses fall into three categories; feeling responsible to intervene, observing the violence and hiding or leaving when the violence begins. It is suggested that these responses can vary across different siblings within the same family. Within the majority of the literature children's accounts of how DV has impacted them is well documented revealing a number of difficulties.

Aymer (2008), Dryden et al. (2010) and Georgsson et al. (2011) all document children's similar immediate response to DV; for example fighting back or trying to intervene when their father assaulted their mother. Other participants reported hiding in their room, often taking younger siblings with them to keep them safe and older young people in the studies reported leaving the house

or going out to find work so they were in the house less. Some of the children spoke of how they didn't get involved as they were too scared of making it worse, or of being physically abused themselves. In Georgsson et al. (2011) several of the children reported observing the violence, feeling that although they couldn't intervene to stop the violence, if they had to they could intervene to stop their father killing their mother, again placing a great sense of responsibility upon themselves. Within Dryden et al. (2010) the brothers had different reactions to the violence; the older brother described how his fear of what his father would do to him stopped him intervening when his mother was assaulted, he felt that as well as hitting him, his father would become more angry and be more abusive to his mother. The younger brother reported protecting his mother by intervening when his father was violent, although this could escalate the violence the boy felt it was better if it were aimed at him as well.

Joseph, Govender & Bhagwanjee (2006) interviewed five children between the ages of eight and twelve who had been exposed to DV living in South Africa. Similarly to Dryden et al. (2010) they found mixed responses from the children when witnessing violence, particularly around gender roles, with girls being more likely to admit to being scared of their father and frightened of intervening whereas boys seemed to feel embarrassed at this sign of 'weakness'. This led to different responses in the face of violence, with girls being more likely to run away and hide or to watch the violence without intervening whereas boys were more likely to intervene even if it was verbally trying to persuade their father to leave. A strength of this study is that it only included children who

had not been physically abused themselves, and therefore provides an important account of children who witnessed DV alone. This indicates that even when children haven't been physically abused themselves they still feel being assaulted is a possibility should they intervene to help their mothers, suggesting that these children held a pervasive sense of fear of their father and what he is capable of.

Across the studies children acknowledged a range of difficulties they had as a result of the DV. As identified above, several of the children had a preoccupation with their mother and her safety (Georgsson et al., 2011). Others identified feelings of depression or suicidality (Aymer, 2008) and nightmares (Aymer, 2008; Dryden et al., 2010; Georgsson et al., 2011). Buckley, Holt & Whelan (2007) highlighted the secrecy and shame that can be associated with experiencing domestic violence. Children reported concealing the violence from everyone and their reluctance to trust others in case their secret got out, which was also reported in Joseph et al. (2006) and Templeton, Velleman, Hadry & Boon (2009). The children felt they would be teased or bullied if people at school knew what was happening at home. This led to them being socially isolated and avoiding typical social behaviour such as having friends round or staying the night at friends' houses.

Stanley, Miller and Foster (2012) interviewed child witnesses, survivors and perpetrators of DV in two locations in England. The use of samples across both the North and South of England was a strength as it captured a range of experiences. Children reported feeling powerless to the abuse and continued

to suffer from anxiety and difficulties sleeping after the perpetrator had left. This also had an impact upon school where children reported struggling to concentrate and displaying aggressive behaviour, a theme also identified by Buckley et al. (2007). Similarly to Holt (2011) Stanley et al. (2012) used focus groups and scenarios to help engage the young people, however, they acknowledged the weakness that can result from using focus groups and the complexity of seeing siblings together as each person within a violent family may have different experiences of the abuse and the researcher needs to be sensitive to validating each one and therefore individual interviews may be better.

Thompson's (2011) case study of the process of a counselling group for child witnesses to DV focused on four children between the ages of six and seven living in America. During the group Thompson observed the children's difficulties with conflict and how to manage it as well as their struggle with touch and intimacy. Joseph et al. (2006) and Georgsson et al. (2011) also reported children's difficulties with conflict, feeling they could be preoccupied with conflicts and fear outbursts as they were anticipating violence. However Thompson (2011) notes that she was only commenting on the behaviour displayed during the group and that different behaviour may be seen within the typical home or school setting. A criticism of Thompson's study is the use of only one of the counselling groups and it would be interesting to compare group processes through research involving a number of groups and children's age ranges.

Although many of the papers highlight difficulties the children are experiencing as a result of the DV, there is a broader debate within DV literature as to whether survivors and children's difficulties should be pathologised. Although frequently labelled as depression or post-traumatic stress disorder (PTSD) it might be more helpful to consider whether their presentation can be viewed as an understandable response to a traumatic situation (Humphreys & Joseph, 2004).

1.3.1.3. Sense-making of abuse and methods of coping

Within the papers children identify a number of ways in which they manage to cope with the DV they are experiencing. The literature demonstrates how children attempt to make sense of their experiences of violence by speculating on explanations. The coping mechanisms outlined by children and young people encompassed a range of responses including both positive examples of coping as well as some more complex or worrying responses such as substance misuse. This raises an important dilemma in reporting the coping mechanisms employed as it may be challenging to define between what may be seen as a symptom of abuse or coping mechanism. Several of the articles referred to the role of professional help to support children and young people who have experienced DV, this will be referred to under the theme of access to services and support.

Some of the children in Buckley et al. (2007) mentioned school as important to them being able to cope as it provided them with a safe place where they

could escape the violence, however others thought that school did not respond well to their experiences indicating that this is an important area of support for children with a varied response. This will be discussed in more detail under the theme of support.

Georgsson et al. (2011) identified a number of cognitive strategies employed by children to help them cope, such as thinking of other things and avoiding thinking about the violence or alternatively focusing on fantasies and thoughts of revenge. The young men in Aymer (2008) found engaging in activities e.g. such as the gym or sports, helped them to cope. The young people in both Aymer (2008) and Dryden et al. (2010) seemed to identify with the aggressive elements of masculinity to create a positive sense of self as tough in order to cope with the constant abuse. Holt (2011) found that when children were able to contribute to the decision making process about contact with their father post separation this greatly increased their sense of empowerment and self-esteem.

When attempting to make sense of their experiences of DV children identified a range of triggers or reasons for the perpetrators violence. These ranged from problems with drugs, alcohol and struggling with finances (Aymer, 2008) to blaming their mother for not leaving (Aymer, 2008; Joseph et al., 2007). The authors in Dryden et al (2010) made sense of the children's narratives by looking at their use of idealised versions of masculinity where they placed subjects into the roles of 'villains', 'heroes' and 'victims'. This adhered to gender roles where commonly the hero and the villains are male and the

victims are female; they viewed women as weaker and needing to be protected by men. There was a gender split within Joseph et al. (2006) with boys attributing domestic violence to men's own experiences of witnessing male violence against women growing up; however, females within the study recognised that there were a number of men who had witnessed DV as a child and did not grow up to become violent.

1.3.1.4. Impact on relationships

The children participants in nearly all of the articles reviewed referred to their relationship with their mother, siblings and father within the context of the DV.

The young people in Aymer (2008), Dyrden et al. (2010) and Overlien (2011) felt they had a good relationship with their mother, and reported being protective of her. McManus, Betton, Barnard, Cotmore and Taylor (2013) evaluated a ten-week programme (Domestic Abuse: Recovering Together-DART) that supports mothers and children who have survived DV. It is not clear from the research whether the author who conducted the interviews was involved in the running of the group. If she had been this may have impacted upon the feedback which the mothers and children gave. Prior to the programme several children reported struggling to talk to their mothers about the abuse or their past, but also more generally as they felt they didn't have any positive experiences in their past that they had shared. This highlights the pervasive impact DV can have on attachment relationships; a child's attachment system is triggered by anxiety but within the context of DV the

mother may not be available to respond to the child (Levendosky, Lannert & Yalch, 2012). If they are not able to be comforted when anxious, children will not be emotionally freed up to explore meaning they might miss out on fun and pleasurable interactions with those around them (Levendosky et al., 2012).

Other studies report children feeling more frustrated with their mother's helplessness (Joseph et al., 2006) and annoyed at their mother's reliance on them from such an early age (Stanley et al., 2012). In some instances the children felt their mother had not acknowledged that the DV had any impact upon them or were concerned that she might flee the violence and leave them behind (Joseph et al., 2006).

Similarly the sibling relationships varied. The positives identified included being able to talk to them about the DV when they didn't feel they could turn to anyone else (Georgsson et al., 2011) and one of the siblings taking on a caring role to ensure the other siblings are protected (Dryden et al., 2010; Stanley et al., 2012). However, this could result in the sibling being more concerned with others well-being than their own; a feeling identified in Templeton et al. (2009) where siblings reported that the DV impacts more upon their other siblings than it did upon themselves. Equally some children reported that their sibling could take on the role of abuser (Stanley et al., 2012).

Children's relationship with the perpetrator was complicated and included a variety of responses such as seeing their father as bad and a villain (Aymer, 2008; Dryden et al. 2010), having an ambivalent response- with children both

identifying with loving him and simultaneously hating his actions (Joseph et al. 2006) and identifying father with good and denying or minimising the existence of violence (Kallstroom, 2007). The majority of literature reported children as falling into the first two categories. In a study in Sweden, Kallstroom (2007) looked at how children made sense of their experiences of DV in the context of their feelings towards their fathers. These three ways of understanding their father's violence were identified during interviews with ten children. A strength of the study is the methodology, which gives a clear account of the interview and analytic process and a focus on understanding contradictions. In the first response the father was defined by the violence and this was viewed as the central theme of his personality with negative accounts of fear (Overlien, 2013), feeling let down (Dryden et al, 2010) and preoccupation with anger and revenge (Joseph et al., 2006). The children who were more ambivalent felt torn between acknowledging his violent behaviour which was unacceptable but having feelings of love and kindness towards him as their father (Buckley et al., 2007; Joseph et al., 2006; Kallstroom, 2007). These conflicting feelings were difficult for children as they polarised their opinions of him seeing him as a bad husband but a good father (Kallstroom, 2007) and this was often be 'played out' during contact arrangements; with children wanting to see their father but feeling let down by his behaviour (Buckley et al., 2007). Children seeing their father as wholly good was unusual but reflected within Kallstroom's (2007) study where the children focused on an abstract ideal of what their father should be and did not mention the violence. Whether this perspective of the perpetrator could be behind Greenhoot et al. (2005) findings of poor recall of severe DV remains to be investigated. Kallstroom (2007)

argues that identifying how different children feel towards their father may form an important basis for their intervention as it reflects different needs. However the author also notes that children may reflect the views of their mother or professionals towards their father meaning that their accounts of the perpetrator may not be representative of what they actually think.

The relationship with the perpetrator may be further complicated by whether he is the child's biological father or not. Children within the same family may have different fathers and the experience of abuse may therefore differ based upon this, for example with perpetrators only abusing their step-children or vice versa. Not all of the literature specifies whether the abusive partner was a birth father or not. Equally not all of the studies identify the gender breakdown of the participants. It may be that different experiences in gender account for some of the difference found amongst siblings.

1.3.1.5. Access to services and support

Some of the papers such as McManus et al. (2013) and Thompson (2011) focused specifically on interventions to help children and women survivors of DV, whereas others identified helpful and unhelpful support as it arose through children's account of their experiences. Some of the children interviewed in Buckley et al. (2007) identified school as somewhere they felt safe and had a break from the violence. However this was not the case for all and a number of the children they interviewed felt that schools could have been more supportive by asking them how they were and making themselves available

for the children to talk to. Many of the young people felt that schools had a role in reducing the stigma of DV and highlighting the problem and potential support (Buckley et al., 2007).

Children within both Buckley et al. (2007) and Stanley et al. (2012) identified the police as being unhelpful when responding to incidents of DV. These studies took place in Ireland and England where the police were accused of not responding to incidents or not believing children if they reported DV with children left feeling they were not able to keep them safe.

Those children who had received professional help such as counselling generally found the experience positive feeling they were taken seriously and that people listening and validating their experience made them feel better (Stanley et al., 2012). When asked about the DART programme (McManus et al., 2013) children felt that creative activities had helped them to talk about the abuse and to improve their relationship with their mothers. They also reported that watching videos during the group helped them to identify what DV was and to reduce the stigma by talking about it. Children reported being reluctant to attend the group initially but afterwards feeling that it had helped them with their behaviour. Some of the children interviewed by Stanley et al. (2012) also identified their frustration at talking to professionals who didn't know what to do to help them. They also identified their guilt at talking to people about the DV as they felt it was difficult for the person listening.

Overlien (2011) interviewed children who were or who had been living in refuges in Norway to find out their experiences of the interventions they received whilst they were there. Twenty-two children between the ages of four and seventeen years of age were interviewed to ascertain their experiences. The majority of children felt that initially moving to the refuge was scary, however, they quickly settled in and made friends. Several commented on the range of toys and activities available that they had not previously had the money for. A consistent theme was the feeling of safety; with children knowing that the abuser couldn't just turn up at any moment- a fear they had whilst living at home. However some of the participants felt isolated in the refuge as it was difficult to leave and to attend groups or see friends outside of the refuge because of fears for their safety. One of the difficulties with the sample was the variance in the amount of time the participants had been at the refuge; children may have had different experiences based upon whether they had been there for weeks or months.

1.4. Discussion

1.4.1. Summary of key findings and clinical implications

The literature reviewed covers a broad range of research areas. Although all of the studies were interested in children's experiences within the context of domestic violence, their focus was on many different elements. This highlights both the complexity of studying DV and the range of ways in which it can impact upon a child's life. The research also indicates that DV can continue for both children and their mothers past the point of separation (Stanley et al., 2012).

The research reviewed indicates that children talk about their experiences of DV in a number of ways. Understandably a common theme across all children's experiences reviewed in this paper were feelings of fear of the abuser and what he might do. Fear was apparent in situations where the children were witnesses to their mother's abuse as well as when they were physically abused themselves. Fear appeared to be experienced across all participants, and did not seem to be dependent upon the severity of the violence witnessed. However as identified in Overlien's (2013) study the presence of extreme fear was seen in children who had been exposed to severe violence with controlling behaviour. This sense of fear is likely to be a barrier for children and young people to disclose DV as they are understandably frightened of the consequences if they do. This highlights the importance of children having someone they can trust to share this information

with. As identified by some of the studies, the role schools can play in being a place of safety for children is crucial and it may be that future research and intervention is aimed there.

Another common theme was the sense of responsibility many of the children expressed when it came to keeping their mothers safe. This indicates that the children are taking on an adult or caring role within the family, which is at odds with their other role as children. With children expressing a sense of responsibility alongside feelings of powerlessness it can be easy to see how they may develop difficulties such as anxiety or depression and a general sense of helplessness. Levendosky, Lannert & Yalk's (2012) paper on attachment and DV highlights how an infant's internal representations of self can be altered through the experience of DV. If an individual has an internal representation of the self as helpless or powerless it can be seen how those exposed to DV as children may inadvertently replicate the experience of being powerless in adult relationships (Levendosky et al., 2012).

One important finding was children's experiences of the police and justice system. In particular studies that took place within the UK highlighted the poor way that survivors and professionals reported the police response to DV (Buckley et al., 2007; Stanley et al., 2012). As part of the government action plan 'A call to end violence against women and girls' (2014) a report by Her Majesty's Inspectorate of Constabulary (HMIC, 2014) released in March 2014 highlights that the current response by the police to incidents of domestic violence is failing victims. The report continues by saying that officers did not

have the correct level of skills and knowledge to deal with DV effectively, and more concerning a lack of supervision of the attitudes, behaviours and actions of police officers regarding DV. In response to the report Theresa May calls for urgent action to make fundamental changes within police culture which will be implemented by each police force having an action plan and a national oversight group will be established to monitor progress (HMIC Report, 2014). A study by Eigenberg, Kappeler & McGuffee (2012) highlights a number of presumptions made by police officers about the nature of domestic violence, for example that most incidents are relatively minor, which impacts upon their response. The study proposes a strategy for police training which the authors felt fit alongside the current changes being made within domestic violence legislation.

1.4.2. Methodological Issues

As a review of the literature of children's experiences of DV was sought, all of the papers reviewed were qualitative. Often qualitative research is criticised for its use of smaller sample sizes which leads to difficulties with generalisability. However, it has been previously suggested that much of the quantitative research into DV has a tendency to view women and children who have experienced DV as a homogenous group who interpret events in the same way (Crawford et al., 2007). As such, the emphasis on gathering in-depth experiences through the use of qualitative methodologies goes some way to furthering our understanding of how children experience DV.

As already stated, a previous criticism of much of the DV literature is an over-reliance on samples from women's refuges (Crawford et al., 2007). Although several of the studies did access refuges, the majority had community-based samples, which reduces selection bias and increases our understanding of the experiences of a broader selection of individuals who may have more varied cultural and socio-economic backgrounds.

The majority of the studies took place within Europe, with four of the studies taking place in the United Kingdom (UK) and two within Ireland. Three of the studies were based in America and one was from South Africa. Whilst it is positive that a significant number of the studies took place within the UK, as this may indicate that the profile of DV and the difficulties it raises for children exposed to it is rising, the lack of research into cultural factors and diversity in this field is a concern. That so many of the studies took place within Europe may help to reduce the impact of cultural differences on the current findings, however in-depth knowledge and understanding of the cultural differences regarding DV experiences is a large gap in the evidence base. As reported in Matthews, Abrahams, Martin, Vetten, van der Merwe & Jewkes (2004) South Africa in particular has a high prevalence of violence against women indicating that there may be some cultural differences and as such this may impact upon the usefulness of applying the findings in Joseph et al. (2006) study to a UK population. Few of the studies referred to gender or cultural considerations (Aymer, 2008; Joseph et al., 2006) which may be an important distinction between children's experiences.

As discussed in the methodology, there is a debate as to whether qualitative studies should be subjected to a critical review in order to adequately assess their quality. The decision was made in this narrative literature review not to exclude studies on the basis of quality, but to complete a systematic review of the qualitative research in order to access the experiences of children whose voices often go unheard.

1.4.3. Future Research

This review has highlighted that although there is a limited amount of research on the experiences of children witnessing DV, due to the qualitative nature of the research conducted and the individual focus of each study, there are a number of key findings within a broad range of research areas. The main gap identified within the literature would be around the duplication of qualitative research with both refuge and community samples in order to ascertain a greater volume of children's experiences of DV.

The studies which reported on children's feeling towards their fathers highlighted three main views the children held. Further research into these beliefs, particularly exploring the mechanisms of how different children form these views, may lead to a greater understanding of the complexities of the dynamics and effects of DV. Identifying how different children feel towards their father may form an important basis for their intervention as it reflects different needs (Kallstroom, 2007).

Dryden et al.'s (2011) research highlighted how siblings within the same environment can have different reactions to the DV they witness and receive. Further research may help to identify the mechanisms by which children make sense of their experience and how these can vary within the same environment. Further research could consider the role of the relationship to the abuser; whether step-father or biological father or perhaps consider whether gender has an influence.

As identified by Greenhoot et al. (2005) the findings of poor recall in cases of severe DV also remains to be investigated. Better understanding of children's recall and ability to express trauma would help services to respond appropriately, including the use of non-verbal methods to access the child's experience.

The review has also highlighted gender and cultural differences in children's experiences of DV. Research could usefully be conducted to further explore whether diversity issues including gender and culture have an impact upon children's experiences, and how they make sense of these as well as their implications for service responses.

1.5. Conclusion

This literature review makes an important contribution for current services and professionals who come into contact with children who have experienced domestic violence. The literature identifies that each child responds to DV in different ways, which is important to note when considering service response. The consistent reporting of fear from children about the perpetrator, along with the urge to keep the violence secret highlights the difficulties children may have in disclosing DV. In line with the government's 2014 Action plan 'A call to end violence against women and girls' the findings highlight how improvements to police services and schools could have a positive impact upon children. The literature reveals how children have varied experiences of DV, even within the same family. However key themes that emerged, such as fear of the perpetrator and a sense of responsibility, appear to be reported more consistently. Further research could focus on the gaps in the literature regarding provision of a greater understanding about the mediating variables of children's experiences including different experiences within families as well as the influence and role of diversity issues. Greater understanding of the effects and responses of children to traumatic experiences would lead to professional response that empowers children and supports their disclosure.

1.6. References

*Aymer, S. (2008) *Adolescents males' coping responses to domestic violence: A qualitative study*. Children and Youth Services Review, 30, 654-664.

Barbour, R. S. (2003) *Evaluating and synthesizing qualitative research: the need to develop a distinctive approach*. Journal of Evaluation in Clinical Practice, 9 (2), 179-186.

*Buckley, H. Holt, S. & Whelan, S. (2007) *Listen to Me! Children's Experiences of Domestic Violence*. Child Abuse Review, 16, 296-310.

CAADA, (2012) *Insights National Dataset 2011–12*. Appendix to: A place of greater safety. [Online] available from
<http://www.caada.org.uk/policy/A_Place_of_greater_safety.pdf> [Accessed: 20th March 2014]

Chaplin, R. Flatley, J. & Smith, K. (2011) *Crime in England and Wales 2010/11: findings from the British Crime Survey and Police recorded time (Vol. 2)*. London.

Children and Adoption Act 2002, Section 120.

Cohen, D. J. & Crabtree, B. F. (2008) *Evaluative criteria for qualitative research in health care; controversies and recommendations*. *Annals of Family Medicine*, 6 (4), 331-39.

Crawford, E. Liebling-Kalifani, H. & Hill, V. (2007) *The impact of domestic abuse on the mother-child relationship. A review of the literature*. (Doctoral Dissertation). The Universities of Coventry & Warwick. Warwickshire.

*Dryden, C. Doherty, K. & Nicolson, P. (2010) *Accounting for the hero: A critical psycho-discursive approach to children's experience of domestic violence and the construction of masculinities*. *British Journal of Social Psychology*, 49, 189-205.

Eigenberg, H. Kappeler, V. & McGuffee, K. (2012) *Confronting the Complexities of Domestic Violence: A Social Prescription for Rethinking Police Training*. *Journal of Police Crisis Negotiations*, 12 (2), p122-145.

Emslie, C. (2005) *Women, men and coronary heart disease: a review of the qualitative literature*. *Journal of Advanced Nursing*, 51 (4), 382-395.

*Georgsson, A. Almqvist, K. & Broberg, A. (2011) *Naming the Unmentionable: How Children Exposed to Intimate Partner Violence Articulate Their Experiences*. *Journal of Family Violence*, 26, 117-129.

*Greenhoot, A. McCloskey, L. & Glisky, E. (2005) *A Longitudinal Study of Adolescents' Recollections of Family Violence*. *Applied Cognitive Psychology*, 19, 719-743.

Hannes, K. (2011) "*Chapter 4: Critical appraisal of qualitative research.*" In: *Supplementary Guidance for Inclusion of Qualitative Research in Cochrane Systematic Reviews of Interventions*. Version 1.ed. by Cochrane Collaboration Qualitative Methods Group.

Hill, A. & Spittlehouse, C. (2003) *What is critical appraisal?* *Evidence-Based Medicine*, 3 (2), 1-8.

HM Government. (2014) *A call to end violence against women and girls. Action plan 2014*. [Online] available from <<https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk>> [Accessed: 29th April 2014]

HMIC Report. (2014) *Everyone's business: Improving the police response to domestic violence*. [online] available from <<http://www.hmic.gov.uk/wp-content/uploads/2014/03/improving-the-police-response-to-domestic-abuse.pdf>> [Accessed: 30th March 2014]

*Holt, S. (2011) *Domestic Abuse and Child Contact: Positioning Children in the Decision-making Process*. *Child Care in Practice*, 17 (4), 327-346.

Home Office Report (2012) Cross-Government Definition of Domestic violence – A Consultation Summary of Responses [online] available from <
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157800/domestic-violence-definition.pdf> [Accessed: 26th January 2014]

Humphries, C. & Joseph, S. (2004) *Domestic violence and the politics of trauma*. Women Studies International Forum, 27, 559-570.

*Joseph, S. Govender, K. & Bhagwanjee, A. (2006) *"I can't see him hit her again, I just want to run away...hide and block my ears": A Phenomenological Analysis of a sample of Children's Coping Responses to Exposure to Domestic Violence*. Journal of Emotional Abuse, 6 (4), 23-45.

*Kallstroom, A. (2007) *Children's Meaning-Conciliation of their Fathers' Violence Related to Fathers and Violence in General*. Journal of Scandinavian Studies in Criminology and Crime Prevention, 8, 41-55.

Kitzmann, K. M. Gaylord, N. K. Holt, A. R. & Kenny, E. D. (2003) *Child witnesses to domestic violence: A meta-analytic review*. In Aubrey, A. (Eds). *The role of attachment in the intergenerational transmission of abuse: from childhood victimisation to adult re-victimization and distress*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 72, 6-B, 3752.

Levendosky, A. Lannert, B. & Yalk, M. (2012) *The Effects of Intimate Partner Violence on Women and Child Survivors: An Attachment Perspective*. Psychodynamic Psychiatry, 40 (3), 397–434.

Levendosky, A. Bogat, G. Huth-Bocks, A. Rosenblum, K. & Von Eye, A. (2011) *The Effects of Domestic Violence on the Stability of Attachment from Infancy to Preschool*. *Journal of Clinical Child & Adolescent Psychology*, 40 (3), 398-410.

Levendosky, A. & Graham-Bermann, S. (1998) *The moderating effects of parenting stress in woman-abusing families*. *Journal of Interpersonal Violence*, 13, 383-397.

Matthews, S. Abrahams, N. Martin, L. Vetten, L. van der Merwe, L. & Jewkes, R. (2004). *“Every six hours a woman is killed by her intimate partner”: A National Study of Female Homicide in South Africa*. MRC Policy Brief, 5. [online] available from <<http://www.mrc.ac.za/policybriefs/woman.pdf>> [Accessed 11th April 2014]

Mays, N. & Pope, C. (2000) *Assessing quality in qualitative research*. *British Medical Journal*, 320, 50–2.

*McManus, E. Belton, E. Barnard, M. Cotmore, R. & Taylor, J. (2013) *Recovering from Domestic Abuse, Strengthening the Mother-Child*

Relationship: Mother's and Children's Perspectives of a New Intervention.
Child Care in Practice, 19 (3), 291-310.

Mudaly, N. & Goddard, C. (2006) *The Truth is Longer than a Lie: Children's Experiences of Abuse and Professional Interventions.* London: Jessica Kingsley.

National Coalition Against Domestic Violence. (2005) [online] available from <<http://www.ncadv.org/learn/TheProblem.php>> [Accessed: 1st March 2014]

NICE Guidelines Manual. (2009) [online] available from <http://www.nice.org.uk/media/633/7F/The_guidelines_manual_2009_-_Appendix_I_Methodology_checklist_-_qualitative_studies.pdf> [Accessed: 1st March 2014]

*Overlien, C. (2013) *The Children of Patriarchal Terrorism.* Journal of Family Violence, 28, 277-287.

*Overlien, C. (2011) *Women's Refuges as Intervention Arenas for Children who Experience Domestic Violence.* Child Care in Practice, 17 (4), 375-391.

Siegel, D. (2003) *Healing Trauma: Attachment, Mind, Body, and Brain.* New York: W.W. Norton & Company, Inc.

Schnurr, M. & Lohman, B. (2013) *Longitudinal Impact of Toddlers' Exposure to Domestic Violence*. *Journal of Aggression, Maltreatment & Trauma*, 22 (9), 1015-1031.

*Stanley, N. Miller, P. & Richardson Foster, H. (2012) *Engaging with children's and parents' perspectives on domestic violence*. *Child and Family Social Work*, 17, 192–201.

*Templeton, L. Velleman, R. Hardy, E. & Boon, S. (2009) *Young people living with parental alcohol misuse and parental violence: 'No-one has ever asked me how I feel in any of this'*. *Journal of Substance Use*, 14(3–4), 139–150.

*Thompson, E. (2011) *The Evolution of a Children's Domestic Violence Counselling Group: Stages and Processes*. *The Journal for Specialist in Group Work*, 36 (3), 178–201.

Thompson, R. & Whimper, L. (2010) *Exposure to Family Violence and Reading Level of Early Adolescents*. *Journal of Aggression, Maltreatment & Trauma*, 19 (7), 721-733.

Thornton, V. (2014) *Understanding the emotional impact of domestic violence on young children*. *Educational and Child Psychology*, 31 (1), 90-100.

Van Parys, A. Verhamme, A. Temmerman, M. & Verstraelen, H. (2014)

Intimate Partner Violence and Pregnancy: A Systematic Review of Interventions. PLoS ONE, 9 (1), 1-10.

Yoo, J. & Huang, C. (2012) *The effects of domestic violence on children's behavior problems: Assessing the moderating roles of poverty and marital status. Children & Youth Services Review*, 34 (12), 2464-2473.

Chapter Two:

Mother's Experiences of Relationships during Domestic Violence

This paper has been prepared for submission to the following journal:

Journal of Violence against Women.

See appendix B for author guidelines.

Word Count: 9, 966 (excluding footnotes, tables and references).

2.0. Abstract

Previous studies have examined the effects of domestic violence (DV) on the mother-child attachment relationship through the use of questionnaires and observations. The current study, consistent with feminist theory, seeks to increase knowledge of women's experiences of their relationship with their child during DV. Interpretative Phenomenological Analysis (IPA) of seven interviews revealed that the women interviewed had experiences of shame and worried they were a 'bad mother'. They attempted to distance themselves from this uncomfortable emotion by the use of defensive projection and as a result experienced their child as a 'bad child', which was a protective strategy to preserve the women's resilience. As well as reflecting on the negative ways in which DV had impacted upon their relationship with their child, the women interviewed demonstrated areas of resilience and agency by altering their parenting style and consequently their relationship with their child once leaving the relationship.

Key words: Domestic violence, domestic abuse, intimate partner violence, mother-child relationship, women's experiences, parenting.

2.1. Introduction

2.1.1. Domestic violence

The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma.

(Herman, 1997, p.1)

There are many definitions of domestic violence, however, the definition agreed by the British Government in 2004 states that domestic violence is:

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

(Crown Prosecution Service 2009, p.10).

As this definition clearly states, domestic violence encompasses a wide range of abusive behaviours, which may not include physical violence. For example, domestic violence also includes a range of abusive and controlling behaviours such as threats, verbal and emotional abuse, intimidation, manipulation, isolation, captivity, financial control, food deprivation, enforced compliance, systematic criticism, belittling comments and humiliation (Mullender & Morley, 1994). As such it has been argued that the term 'domestic abuse' fits more

appropriately with the range of controlling behaviours that go beyond physical violence. However, domestic violence (DV) remains the most commonly used term and will be used for the purposes of this study (McGee, 2000).

According to data collected from the Co-ordinated Action Against Domestic Abuse (CAADA, 2012), during 2010-2011 1.2 million women in the United Kingdom (UK) reported domestic violence. It is estimated that in England alone, the cost of domestic violence is as much as five and a half billion pounds a year (Trust for London, 2011) making it of significant national concern. Domestic violence is recognized as a chronic social problem, rarely occurring as isolated incidents (Mullender & Morley, 1994). Despite this, domestic violence remains a hidden crime, with many who experience abuse trying to keep it from friends, family and professionals due to fear, embarrassment and a lack of understanding of what constitutes domestic violence (www.womensaid.org). In recent years there has been an increase in awareness campaigns for domestic violence. This has led to the publication of a range of statistics regarding the prevalence of domestic violence, including the likelihood that one in four women and one in six men will be the victim of domestic violence during their life time (CAADA, 2012). However these statistics can be misleading and may mask the true gendered nature of domestic violence, which indicates that women are considerably more likely to experience repeated and severe forms of violence (Walby & Allen, 2004). Women's aid (2013) also highlights that women are also more likely to have experienced sustained physical, psychological or emotional abuse, or violence

that results in injury or death. However, it is acknowledged that men may be less likely to disclose domestic violence due to the stigma attached.

2.1.2. The Impact of domestic violence on women

Both emotional and physical abuse have a broad and pervasive impact upon women including difficulties with medical complications, behavioural difficulties and a range of mental health problems including symptoms of post-traumatic stress disorder (PTSD), anxiety, depression and diminished sense of self (Levendosky, Lynch, Graham-Bermann, 2000). Although it is important to note that many authors contest the use of PTSD as a term, especially when referring to survivors of domestic violence. For a review of this literature see Humphreys and Joseph (2004).

Women in abusive relationships can develop a sense of incompetence and learned helplessness, feeling as though they have no control over their situation (Levendosky et al., 2000). Chronic domestic violence can leave women in a state of hyper-arousal causing a constant state of alertness that can lead to irritability and exhaustion (Levendosky et al., 2000). A woman who is traumatised by the abuse they have received may experience extreme emotional states that vary between feeling 'numb' and hyper aroused, which is likely to cause variation in both survivors mood and behaviour (Levendosky et al., 2000).

2.1.3. The impact of domestic violence on parenting

Mirlees-Black (1999) suggests that women with children are up to three times more likely to experience domestic violence than women without children. It has become recognised that domestic violence has significant impacts upon the functioning of the entire family, not just at an individual level (Levendosky et al., 2000). When considering the impact domestic violence can have on a woman's mental health and well-being it can be assumed that a woman's ability to parent may also be impaired (Levendosky & Graham-Bermann, 1998). Levendosky (1995) as cited in Levendosky et al. (2000) found that women have reported being less warm and effective parents compared to women who have not experienced domestic violence. Whilst women suffering from psychological distress have been shown to be less available and involved with their children (Pianta & Engeland, 1990).

A number of studies have found that women exposed to domestic violence are more likely to have negative cognitions towards their child both before birth and during early childhood, as well as negative representation of themselves as mothers (McGuigan, Vuchinich & Pratt, 2000; Huth-Bocks, Levendosky, Thieran & Bogat, 2002). This has been linked with disruptions to attachment (Zeitlin, Dhanjal & Cohnsee, 1999) as it can result in a lack of attunement and mother's reports of the baby having a 'more difficult temperament' (Quinlivan & Evans, 2005). Equally, Sullivan, Allen, Nguyen, Gauthier, Bybee, Rotter and Baker (1997) as cited in Levendosky et al. (2000) suggest that witnessing

domestic violence can affect children's behaviour, which can then make them more challenging to parent.

However Sullivan et al. (1997) as cited in Levendosky et al. (2000) has found that in women, severity of domestic violence is not related to parenting stress, discipline strategies or physical or emotional availability to their. More positively, in a longitudinal study by Sternberg, Lamb, Guterman, Abbot, & Dawud-Noursi (2005) it was found that witnessing domestic violence had no effect on the mother-child attachment once the abuse had ended. This indicates that attachments may adapt over time and there is hope for successful intervention with mothers and children who have survived domestic violence.

2.1.4. Attachment theory and it's relation to domestic violence

Research has argued that witnessing domestic violence has greater negative consequences for children than witnessing other forms of violence or conflict (Kitzmann, Gaylord, Holt, & Kenny, 2003). Domestic violence has also been linked to increased rates of child abuse; both in the sense of an increase in physical abuse from parents (Margolin, Gordis, Medina, & Oliver, 2003) as well as a greater chance of neglect; as often the mother may be unable to protect her child from the environment, or lack the emotional capacity to provide consistent, sensitive and attuned care giving due to the constant fear of violence (Zeanah, Danis, Hirshber, Benoit, Miller, & Heller, 1999).

One of the risk factors for family violence is a history of violence in previous generations of the family, this may be in the form of child abuse or domestic violence and is often referred to as intergenerational transmission of abuse. Ehrensaft, Cohen, Brown, Smailes, Chen & Johnson (2003) conducted a longitudinal study which found the likelihood of becoming a victim or perpetrator of domestic violence doubled if the individual had been a victim of child abuse, whereas the likelihood tripled if they had been a witness to domestic violence. However research indicates that there are many survivors of child abuse or domestic violence who do not go on to become a victim or perpetrator of abuse themselves (Johnson, Frattarolli, Campbell, Wright, Pearson-Fields & Cheng, 2005); therefore there may be a factor(s) which builds resilience to continuing the cycle. Potentially this may be a secure attachment with a primary care-giver leading to a more complete and regulated internal working model.

Due to the internal working model, an insecure childhood pattern of attachment can lead to an insecure adult attachment, meaning an individual may struggle to sustain supportive relationships making them more vulnerable to abusive relationships (Henderson et al., 2005). This can help to maintain the cycle of domestic violence and in turn increase the likelihood of an insecure mother-child attachment. More refined interventions may help to foster secure attachments in vulnerable families. An outcome of which may be to reduce the rate of child abuse and possibly future involvement in domestic violence

relationships as insecure attachments appear to be a risk factor for being both a survivor and perpetrator of domestic violence (Buck, Leenars, Emmelkamp & Van Marle, 2012). Levendosky et al. (2007) found that the children of women experiencing domestic violence have a higher chance of an insecure attachment when the child reaches the age of four years, compared to mothers who have left the violent relationship.

There is a growing body of research into the effects of domestic violence on the mother-child relationship. Most have sought to identify the key factors which mediate a secure or insecure attachment (Barnes, 2011; Levendosky et al., 2009 & Levendosky et al., 2003). Moss et al. (2005) identify three key factors for predicting the stability of the child's attachment. This included the mother's character, the mother's relationship with their partner and the demographic characteristics of the family. Levendosky et al. (2007) concur stating that maternal warmth and responsive behaviours, economic disadvantage, social support as well as a history of parental child abuse, infant temperament and severity of violence are all key features that impact upon the mother-child attachment within a domestic violence setting.

2.1.5. Current interventions

Across the United Kingdom (UK) there are a number of organisations, including women's aid and refuge, which offer support to women who are, or have been victims of domestic abuse. Often the initial focus is moving women

towards a place of safety and empowering women to leave abusive relationships which can be complicated due to fear and practical difficulties including lack of place to go and financial worries. However, in the current economic climate, much of the support available is being cut. It is recognised that women and children who have survived domestic violence require a specialist service however, as a result of the cuts, the emphasis now is on a short term intervention to support women to leave, with less attention paid to their therapeutic needs. Many counties are struggling to meet survivors needs with current budgetary difficulties as Taylor (2013, p. 17) argues:

Suddenly the funding in this area is very focussed on high risk, short term, quick fix interventions. Commissioners don't seem to realise that most victims need long term support to enable them to move forward with their lives.

Many are relying upon group-based interventions such as the 'Freedom Programme' which is a twelve-week group based training programme which has been running since 2002. The programme aims to teach women to recognise abusive behaviour and its impact as well as supporting them to develop greater confidence and self-esteem (Craven, 2008). The function is to help women identify patterns they form in relationships and understand the many behaviours and control of an abuser and how to spot the signs. The programme highlights that any woman can find herself in an abusive relationship, but seeks to help women identify why it was they stayed to help them break this cycle for the future. Often group based intervention is considered an effective way of decreasing stigma as it normalises individual

experience, something which is recommended for helping survivors move on with their lives (Home Office Research, 2005).

The Freedom Programme is run across a number of counties in the UK, including the geographical area the research took place. In addition to the group, training programmes are offered for professionals and in some areas perpetrator programmes are available. A recent evaluation of the Freedom Programme for women in Bristol found that the intervention aided women in moving on from abusive relationships and increased their awareness of the potential for abuse in future relationships (Williamson & Abrahams, 2010). After the intervention women also reported a better relationship with their children.

2.1.6. Summary and aims of current research

The majority of studies accessed in the literature are quantitative in design and use either questionnaires or measures for mothers to complete or an observed interaction between mother and child to assess attachment (Ainsworth, 1989). There are few studies focusing on the experiences of women who have been in abusive relationships and their understanding of how this has impacted upon their attachment relationship with their child (Levendosky, Lannert & Yalch, 2012).

Existing qualitative studies have focused either on the survivor of domestic violence, their childhood attachment with their parents, adult attachment with their partners (Hick, 2008) or examined the perpetrators experiences (Yaeger-Von Birgelen, 2001; Worley, Walsh & Lewis, 2004; Rubin, 2011).

Crawford, Liebling-Kalifani & Hill's (2009) study gave women survivors of domestic violence the opportunity to share their in-depth experiences of domestic abuse and the impact this had on their identity, sense of self and resilience. Their study identified elements of the women's role as a mother as being an important factor in their experience of domestic violence. The women interviewed described both a sense of not being a good enough mother, but also resilience and role fulfilment from parenting during domestic violence. Crawford et al. (2009) recommended that further research would be of benefit to gain a greater understanding of the impact of domestic abuse on the mother-child relationship.

Qualitative studies are viewed as an important starting point in research as they make fewer assumptions and place fewer restrictions than quantitative methods (Smith, Larkin & Flowers, 2003), subsequently qualitative methods provide rich and in-depth data that can be used to inform quantitative research (Smith et al., 2003). This was identified as an important knowledge gap with respect to the subject area missing from existing literature. The in-depth information gathered through qualitative methods can be utilised to inform

service provision and psychological services that are currently perceived as inadequate (DeRoche & Lahman, 2008).

The overall objective of the current research was to investigate mother's experiences of relationships with their child within the context of domestic violence. There were three main research questions;

1. What was the women's experience of their relationship with their child during domestic abuse?
2. How have the women's experience of abusive relationships affected them and their children?
3. What helped women sustain relationships with their children?

2.2. Method

2.2.1. Ethical approval

Ethical approval was granted from Coventry University (Appendix A). The board of managers from a support service for vulnerable families in the West Midlands gave their consent for participants to be recruited through their organisation (Appendix A).

British Psychological Society (BPS, 2009) Code of Ethics and Conduct identifies four key ethical principles; respect, competence, responsibility and integrity. These principles were followed to ensure that participants gave

informed consent, their confidentiality was protected and they were fully debriefed. Due to the sensitive nature of the research all efforts were made to avoid distressing the client and to help them feel empowered and uphold standards of self-determination through the use of feminist methods (Renzetti & Lee, 1993).

2.2.2. Design

The methodology of the current study was based upon Interpretive Phenomenological Analysis (IPA) as according to Smith, Flowers, Larkin (2009). IPA methodology is particularly relevant when the area of experience which is the focus of the research has been of great significance in the individual's life (Smith et al., 2009). IPA has an established process for analysis, developed by Smith et al. (2009), details of this process can be found in Appendix F.

Seven mothers were interviewed about their experiences of relationships during domestic violence. Specifically the researcher was interested in the relationship between the mother and her children whilst they were experiencing domestic violence.

The study used semi-structured interviews (Interview Schedule can be found in appendix E) to allow the participants the opportunity to provide rich accounts

of their experiences. The interviews were carried out in a way that was flexible enough to move with the narrative of the participant.

2.2.3. Participants and recruitment

The inclusion criteria for the study required that participants were mothers who had children living with them whilst they were experiencing an abusive relationship. Participants were excluded from the study if they reported being still in an abusive relationship, to protect both themselves and the researcher.

In accordance with IPA methodology (Smith et al., 2009), the sample was purposively selected. Participants were initially recruited in the West Midlands through a peer-led support group for women who had survived domestic violence and a support programme for vulnerable families. A snowballing recruitment technique was then adopted, with women who had been interviewed recommending participation to their friends who fulfilled the inclusion criteria.

The women's ages ranged from 23-62 years old, (mean age 44.7 years) with their children's ages ranging from 3 years to 36 years of age. The amount of time women had been out of an abusive relationship varied from 12 months to over 15 years. The women were at different stages of their journeys and had received varying amounts of professional support, for example all of the

women recruited from the support group had completed the Freedom Programme, whilst other participants had not. In many cases, those who had completed the Freedom Programme had also completed several additional courses run by the organisation (such as New Beginnings and Pattern Changing) and were actively participating in a peer led support group. To preserve anonymity, the names of participants, and any other potentially identifiable information has been changed and pseudonyms were used.

A total of ten mothers were contacted. Of these two declined to take part feeling that they were not ready to talk about their experiences. A third was still undergoing court proceedings and together with the researcher came to the conclusion that the timing was not right to be interviewed. Each participant was approached by either a member of the support group or their support worker with an information sheet (Appendix C). The information sheet outlined the reasons for the study taking place, procedure and made clear the ethical issues concerning confidentiality, informed consent, the right to withdraw and data storage. If the participant gave verbal consent their contact number was then given to the researcher who would call them to discuss the research further and arrange a time to meet for the interview. Before being interviewed all participants willingly signed a Consent Form (Appendix D). Following the interview, each participant was verbally debriefed and offered contact details for local support services for survivors of domestic violence. All of the women participants wished to receive a copy of the research findings.

2.2.4. Materials

A semi-structured interview schedule (Appendix E) was developed according to the guidelines provided by Smith, Flowers and Larkin (2009) and in line with the study aims. The schedule aimed to elicit the participant's experiences of domestic abuse and parenting during abuse as well as their relationship with their children.

The second author, as well as a Consultant Clinical Psychologist working from an attachment perspective, reviewed the schedule. In accordance with guidelines (Smith et al., 2009) the focus of the schedule was altered during the interviews in line with themes that were emerging.

2.2.5. Interview procedure

Semi-structured interviews were conducted by the lead researcher between June 2013 and September 2013. Six of the interviews were carried out in the participant's home, at their request. One participant was interviewed within a suitably private clinical room at a local Child and Adolescent Mental Health Service (CAMHS). Two participants had a friend present with them during the interview. The remaining participants were interviewed alone. Interviews lasted between fifty and sixty-one minutes with an average of fifty-four minutes.

Participants were informed that the interviews would be recorded and that transcriptions would be made, once transcribed the audio recording would be deleted.

2.2.6. Analysis

Interviews were transcribed and analysed following principles of Interpretive Phenomenological Analysis (IPA) as according to Smith, Flowers, Larkin (2009). IPA was the most appropriate method due to its focus on 'personal meaning' and 'sense making' of an individual's experience. This along with the insight of 'interpretation of meaning' that IPA offers was in line with the research aim of gathering mothers in-depth experiences during domestic violence. Further details of the analytic process are outlined in Appendix F and a table summarising the super-ordinate and sub-themes for one of the participants can be found in Appendix I. An extract of an analysed transcript can be found in Appendix G and an extract of the validity of coding can be found in Appendix H.

2.2.7. Position of the researcher

At the time of the interviews the lead researcher was employed as a Trainee Clinical Psychologist by a local Health Service Trust. The researcher recognised the concept of hermeneutic circles and acknowledges that the research stance within IPA is subjective and could potentially have been

influenced by the researcher's beliefs and biases. The researcher made full use of supervision from both the additional researchers and a consultant clinical psychologist in an effort to combat any bias. A fuller account of this process is described in Chapter Three (Brown, Liebling & Columbo, 2014).

The position of feminist psychological researcher was adopted throughout, in accordance with Letherby (2003, p.4) who states that:

Feminist researchers start with the political commitment to produce useful knowledge that will make a difference to women's lives through social and individual change. They are concerned to challenge the silences in mainstream research both in relation to the issues studied and the ways in which the study is undertaken.

2.2.8. Credibility of analysis

Guidelines by Smith et al. (2009) for qualitative analysis were followed. The preliminary lists of codes and themes were reviewed by two experienced qualitative researchers with a special interest in sexual and gender-based violence and criminology as well as a Consultant Clinical Psychologist working within the field of attachment. Additionally, another Trainee Clinical Psychologist, also involved in research adopting an IPA methodology, read and coded one transcript (Appendix H). This provided the opportunity to compare and contrast ideas with another researcher who had less bias on the topic and data. The level of agreement across the coding was 87.5%.

2.3. Results

IPA analysis of the interviews identified five main superordinate themes that capture the mother's experiences and within these themes there were fifteen sub themes identified. These are outlined in the table below (Table 2).

Superordinate Theme	Sub Theme	Participant
Relationships	With abuser	Laura, Natalie, Susan, Claire, Hannah
	With others	Susan, Bonnie, Laura, Vanessa
	Mothers experience of relationship with child	All
	Childs experience of relationship with mother	Vanessa, Claire, Bonnie
Effects of abuse	Psychological impact	All
	Physical and sexual abuse	Vanessa, Claire, Bonnie, Natalie, Hannah
Sense making	Worries of child being a future abuser or abused	Vanessa, Claire, Bonnie, Laura, Hannah
	Justify staying	Bonnie, Claire, Hannah, Natalie, Laura
	Taking responsibility/blame	All
Support	Unhelpful support	Vanessa, Susan, Claire, Natalie
	Helpful support	Vanessa, Susan, Laura, Natalie, Bonnie, Hannah
	Prevention	Claire, Vanessa, Bonnie, Hannah, Laura
Shame (overarching theme)	Bad parent	All
	Difficult child	All

Table 2: Super-ordinate and sub-themes found across participants.

Each theme will be explored and illustrated by verbatim quotes from the participant interviews.

2.3.1. Superordinate theme 1: Relationships

The superordinate theme of relationships comprised three subthemes; relationship with the abusive partner, relationship with their child and relationships with others. All seven participants discussed their relationships with the abuser and their child. Several mentioned relationships with others; including subsequent romantic relationships or relationships with friends or family members.

Several of the women interviewed had ongoing contact with their partners so that they could see their children. These women were torn between wanting their children to have ongoing contact with their fathers and a frustration that their children could hold an idealised view of their fathers. Several women spoke of the inconsistency of contact and how unreliable their fathers were, describing them as a 'fun uncle' (Susan) rather than a stable parent figure. The majority of participants commented that their partner had not been a 'hands on father' during their relationship or since with them taking on all responsibility for parenting, for instance Susan said:

"He just thinks his dad is the best thing since sliced bread, and that's really hard to sit and think I do everything. It's me that's here when you wake up in the morning, it's me that's there when you cry in a bad sleep."

It's me that feeds you, it's me that wants you and it's me that teaches you absolutely everything and then you are wanting your dad over me"

(Susan, line 324-328).

Some of the women described how contact between the children and their fathers was used to continue some of the earlier abuse. Several women reported the father's behaviour towards their children:

"He just uses the children as pawns really, and it's awful what they're going through."

(Laura, lines 19-20).

Contact could also be used to continue abusive behaviour towards the women:

"Puts on a text you know I'm a crap mother.....I do think to myself here we go again you know, he's trying to control me mentally even though we're not together."

(Natalie, line 553-554)

When talking about their relationship with their children, three main themes emerged from the analysis. Firstly their relationship with their child was a source of strength to women participants. Secondly their child was also a source of resentment:

"Cos I wonder if subconsciously in the past there was resentment."

(Bonnie, line 393).

Thirdly women reported a sense that they needed to make amends to their child for putting them through the domestic violence. Natalie described very clearly the love she had for her daughter and the sense of pride she had in her and how this kept her going through difficult times:

“I love her to bits you know, she’s the only thing that kept me (going) I think really, for the five years....the only reason I kept going was because I used to look at that little girl fast asleep in her bed.”

(Natalie, line 235-238).

Several of the women described ongoing struggles in their relationship with their children, which they attributed to the impact of their abuse experiences. Natalie for example described how hard she found having physical contact with her daughter and how guilty this made her feel:

Natalie: “I can’t do it, unless she asks me for a hug, then I’ll give her a hug. But I can’t just go up to her and give her a hug.”

Eleanor: “Is it about the closeness between you or the physical contact?”

Natalie: “It’s the physical contact I think really, yeah it’s not the closeness.”

(Lines 249-252.)

Bonnie felt she had been forced to remove her daughter from the family home as she had started to display similar behaviour to her father.

All the women who had attended the freedom programme mentioned developing an increased understanding of what constitutes abuse within relationships and several applied this information to family and friends as well as romantic relationships as Bonnie illustrated:

“It’s about being aware, like what is acceptable behaviour, you know, what’s a healthy relationship and what’s not, and I don’t mean an intimate relationship, I mean in any relationship”

(Bonnie, lines 59-62).

2.3.2. Superordinate theme 2: Effects of abuse on women

All of the mothers talked at length about the effects the abuse had on both them and their child. The depth of the narrative varied between the participants who had received some form of support (e.g. the Freedom programme) and those that hadn’t. Those who had received support were more able to take their child’s perspective and reflect upon how they may have been different if they hadn’t been raised in an abusive relationship. Most of the women felt they hadn’t been able to think about the effects on themselves and their child during the relationship as they had been *“just busy trying to survive”* (Vanessa, line 126).

All of the women interviewed spoke about their stress and anxiety levels during the abuse and how the hardest aspect to cope with had been the psychological abuse:

“That’s the stuff that can be more damaging, the emotional abuse than the physical.”

(Bonnie, line 522).

“I believe that the psychological aspect was far worse than the physical, um...it was easier to be hit and um abuse in that way than it was to cope with the psychological abuse.”

(Vanessa, lines 145-152).

All of the women interviewed, apart from Susan, had experienced physical and/or sexual abuse in their relationship. Physical abuse was often referred to in a dismissive way with them minimising what had happened:

“(My second abusive partner was) a totally different relationship, in the fact that he never actually (hit me), oh, he, to be perfectly honest there was one time he did actually put his hands around my throat and held me up against a wall.”

(Natalie, lines 127-131).

Claire explained how she noticed the tension building up and would ‘provoke’ her husband into violence *“and if I can just push him over the edge and he’ll hit me it’s like ok, then we’ll all get a break for a few months” (lines 52-54).*

She described feeling some relief by having taken back some control regarding the predictability of the abuse.

Only one mother, Hannah, talked about sexual abuse. Hannah outlined how she had been drugged and raped by her husband, but that at that time it had been legal and she had not been able to take any action against him:

“So he (the policeman) said well why didn’t you report it (the rape) and I said well because of the kids and plus that back then I said it was still legal, you know. And he just looked at me and rolled his eyes.”

(Hannah, line 279-281).

This account from Hannah illustrates the lack of consequence for her husband’s behaviour and this seemed to fit with the overall sense of powerless the women had described feeling:

“It was as though, whatever I do nobody’s going to help me anyway, so it’s gotta be my fault.”

(Claire, lines 277-278).

All of the women outlined a fear of their children becoming future abusers or victims as a consequence of the domestic violence they had been witness to:

“I’m just glad the children haven’t become abusers, because that’s the biggest worry” (Claire, lines 382-383).

The other concern women had was that their child might follow their example and also end up in an abusive relationship. Recently Claire's daughter had been in an abusive relationship, which Claire felt was her fault because of the example she had set her growing up. Claire saw her daughter as justified for blaming her and understood that her daughter might not want her help because she had also 'allowed' herself to be in an abusive relationship:

"He locked her in the flatand I said I'm coming round and she said no I don't want you to, and I understood that, I understood she was frightened of what would happen.....but she'd say well you did it, you can't tell me because you did exactly the same."

(Claire, lines 211-226).

2.3.3. Superordinate theme 3: Sense making

During the interviews many women tried to make sense of why the abuse had happened and why they had stayed in the relationship for as long as they did. Several women referred to their own childhood and the possible impact this may have had, mainly because they had copied patterns modelled by their parents:

"Getting into these relationships erm, you know it does stem back to my childhood" (Bonnie, lines 174-175). "I became very passive aggressive myself and I should think that's a pattern throughout my life, I've learnt the aggressive from my dad and the passive from my mum."

(Bonnie, lines 99-101).

There was a pervasive sense of blame throughout the interviews, with women frequently taking responsibility for the abuse as they felt they allowed it to happen. Those who had received more support acknowledged that the domestic violence was the fault of their partner, however, they still blamed themselves for staying or exposing their children to that environment. Many of the women participants referred to other people knowing about the abuse. This reinforced the fact that they were in some way to blame:

“I know he was the one that did wrong, but I’m a strong person....I should have walked away.”

(Claire, lines 80-84).

The predominant reason the women interviewed gave for staying was to keep the family together and to make sure their children grew up with a father. Often the women justified this to themselves by saying that this was acceptable as their partner wasn’t abusive to the children:

“And I suppose I stayed with him because the justification was, he wasn’t, I thought, abusive to them (the children).”

(Claire, lines 21-22).

2.3.4. Superordinate theme 4: Support

All women spoke about the support they had received from professionals, friends and families. Some of the women talked about abusive relationships

which they left some years ago and reflected upon how different services were now and how support is more readily available:

“I don’t think the information was on the internet going back sort of fifteen, sixteen years ago, it may have been but I didn’t know. Nowadays you can go on the internet and you can live chat with people about it or you can find out places you can go.”

(Natalie, lines 506-509).

Most of the women interviewed had experience of asking for help and not receiving support which would have been of use to them. For many their General Practitioner (GP) was the first point of contact they had with professionals; the experience was mixed with some asking directly about domestic violence and others not. Several of the women felt their needs were neglected and they were given a diagnosis and medication rather than the practical support they required:

Eleanor: “what was your view of your diagnosis of post-natal depression?”

Natalie: “I thought it was a bit of a cop out to be perfectly honest. I don’t think it was post-natal, I think I was just crying for help...I didn’t know where else to go.”

(Lines 451-476).

Many referred to the practical problem of having a place to go as a barrier to them leaving. For several of the women this meant they had returned home after leaving. Several had spent short periods in a refuge and often the impracticalities of this had meant they had gone back home.

The women interviewed who had reported the domestic violence to the police had had mixed experiences. Claire and Hannah spoke about abusive relationships they left a number of years ago and they in particular referred to their experiences of the lack of justice for the abuse they had suffered:

“I'd have left him if the police had stuck to their word and done their job and not bugged it around. Not locking him up and then dropping the charges, it would have made it a lot easier.”

(Hannah, line 326-328).

All four women who had been through the Freedom Programme spoke of how helpful it had been in terms of helping them identify abuse, understanding its impact upon children and helping them make changes:

“A lot of support from Stonham, from going through their Freedom Programme and their Recovery programme, erm and that, I say it every time it not only changed my life but it saved my life.”

(Bonnie, lines 41-44).

Some women participants had other types of support such as counselling, health visitors, family support workers, Child and Adolescent Mental Health Services (CAMHS), parenting courses and support for their children in school. On the whole women spoke positively of professionals who listened to them and their experiences, and were not afraid to ask directly about domestic violence. When it came to thinking about support for their children many of the women felt there was a need for awareness campaigns, especially in schools to highlight domestic violence and unhealthy relationships to children from a young age:

“They need to be taught at nursery, primary school, all throughout their schooling, what constitutes a healthy relationship.”

(Bonnie, lines 518-520).

There was a real sense reflected in the interviews that knowledge of domestic violence is powerful and that an understanding of DV and where to go for support was lacking from both professionals and the community;

“They need to know that abusive relationships isn’t just violence, there’s a lot of mental abuse, a lot of financial abuse, a lot of sexual abuse without ever being hit.....we need training to yeah teachers, um health visitors, children’s services....judges.”

(Bonnie, lines 520-524).

2.3.5. Superordinate theme 5: Shame

Shame was a theme that emerged across all of the interviews. For all of the women I spoke with there was a pervasive sense that they were in some way to blame for the abuse as well as the consequences of this. This sense of shame revealed itself through two main subthemes; shame of being a bad parent, and minimising shame by blaming the child for being challenging to parent.

All the women interviewed voiced concerns that they felt like a 'bad parent'. These concerns were voiced in several different forms; for example openly acknowledging they weren't able to parent as they would have liked during the abuse:

"During the day he was out with his dad and it was ok cause I could cuddle them and talk to them and read stories and stuff, but when he was at home I couldn't do that."

(Hannah, lines 353-355).

Women participants also described feeling like a failure because they struggled to cope with the demands of parenting in an abusive relationship:

"I even said to them I can't do this anymore, you're going to have to take her away from me, coz I just can't cope."

(Natalie, lines 368-369).

They identified feeling a sense of shame regarding the impact it has had on their children:

"It's always in the back of my mind, is this my fault because of how stressed I was?" (Talking about her sons difficulties).

(Susan, line 428-429).

"My daughter or sons will say, um normal things that you ask mum, and mum will say yes or no, and I feel as though I have to say yes because I've let them down so dreadfully."

(Claire, lines 59-61).

Vanessa, Susan and Bonnie all referred to their pregnancy and childbirth being difficult and having a sense that their child didn't want to be brought into the abusive environment:

"She was eleven days late and they even had to break my waters for her to actually come out, and then she, I, had an emergency C-section, so I believe, when I look at it, I don't think she actually wanted to come out cos she was probably too scared."

(Vanessa, lines 47-50).

As well as identifying themselves as 'bad' parents, all the women interviewed gave examples of how they felt their child was a 'difficult' child to parent. Several of the women were adamant that their child would have been challenging to parent even without the exposure to domestic abuse:

"I still to this day think it was the antics of a typical teenage girl, I really strongly believe that."

(Claire, lines 194-196).

"It's the nature/nurture debate isn't it, you know how do you ever pick that apart."

(Bonnie, line 401).

Adopting this attitude of the child as 'hard to parent' appeared to be used by the women as a defence against their own feelings of shame that the behaviour their child is displaying may be their fault:

"That was really a big shock, um, she turned into this horrible little child really, language awful.....you ask her to do something, but it all just explodes for her every time, and you do sometimes think it is better to leave her because of the way she is."

(Laura, lines 49-54).

"She's never taken her part in any of it."

(Bonnie, line 348-349).

Nearly all of the women participants said their child had struggled to sleep and discussed how this impacted upon how they coped as a mother:

“If she’d have slept during the night I think I probably could have coped better than I did.”

(Natalie, lines 580-581).

“She would just scream, and I couldn’t settle her, and that was throughout the night, well most of the night every single night so it had a massive impact on me, obviously me being deprived of sleep then how I interacted with them.”

(Vanessa, lines 86-89).

2.4. Summary of Findings and Discussion

The current study aimed to explore the unique perspectives of mothers who had experienced domestic violence relationships, in order to gain an in-depth understanding of their experiences of how this impacted upon their relationships with their children. All of the women interviewed gave moving accounts of the emotional, physical and sexual abuse they and their children had suffered. IPA analysis revealed five key themes; relationships, effects of the abuse on the participant and her child, sense making of the abuse, support and prevention and shame.

The study found that all of the women participants were able to reflect upon the relationship they had with their child and how this might have been different if they hadn't been in an abusive relationship. Most of the women were able to identify difficulties that had resulted in them struggling with physical intimacy, feeling the need to make amends and holding some resentment towards their children, which they voiced they may not have had if they had not been in a violent relationship. The current study's findings are consistent with previous research that has explored the impact of domestic violence on the mother-child attachment (Levendosky, Bogat, Huth-Bocks, 2011), suggesting the betrayal that occurs within a violent relationship impacts upon the mother internal working model of herself and her child. These negative internal working models then impact upon the mother's parenting behaviours

which in turn impact upon the child's development and ultimately the child's behavioural and emotional regulation (Levendosky et al., 2011).

The research indicated that shame was experienced by all women in terms of viewing themselves as a 'bad mother'. According to Golding & Hughes (2012, p.93), shame is:

An emotion that pertains to the self, arising from the sense that 'I am bad', when the self is experienced in this way, the resulting shame is stressful and painful.

Women participants described being left with the sense that the abuse was in some way their fault or that they didn't do enough to protect their children, leaving them with the feeling that they were a bad mother. However, being in this state was painful and could not be tolerated and as such to avoid the feelings of shame either the emotions or the behaviour behind the shame was denied (Golding & Hughes, 2012; Lemma, 2003). Consequently, shame was commonly defended against by the women I spoke with through the use of four behaviours; lying about what happened, blaming others, minimising what happened or expressing rage (Golding, 2008). Women used several of these behaviours including; minimising the abuse, or the impact it had on the children and blaming the children for being difficult to parent; experiencing them as a 'bad child'. Throughout the interviews women participants were in touch with their sense of shame: "and it's just so disgusting when you look back, um, the guilt with the kids, that's the biggest thing, the guilt" (Claire, lines 53-58). They appeared to defend against their own sense of shame and try to increase their

own self-confidence by blaming their child for having difficult behaviour; “she’s never taken her part in any of it” (Bonnie, line 348-349), Bonnie felt that her daughter had equal responsibility for how she acted. Levendosky, Lynch & Graham-Bermann (2000) studied the impact of domestic abuse on women’s view of their parenting. They found that women who had been in an abusive relationship were more likely to have negative perceptions of their parenting. Previous studies focusing on children’s perceptions of their mother’s parenting has found that children did not agree with their mother’s perceptions, and rated them as no less warm or effective than children of parents who were not abused (Levendosky, 1995; 1997). As such, existing research supports the findings of the current study that abused mothers tend to view themselves as bad parents; and they seek to cope with this by minimizing the impact of the violence on their parenting and their child.

Women participants had different experiences of relationships with their children. Some have drawn upon their role as a mother for strength and focused on parenting their children as an escape from the abuse, a coping strategy and a way to increase their self-esteem. Their relationship displayed resilience to the impact of the abuse and thrived after the abuser had left their home with some women describing how they were able to put down new rules and boundaries and finally parent in the way they had wanted to. All the women interviewed identified a number of ways the abuse had impacted upon both themselves and their children with several feeling they had at times missed out on some positive aspects of their relationship with their child because of the abuse. All of the women participants also identified changes

they had made in their relationships with their children since leaving the abuse; such as supporting children with challenging behaviours that had developed during the abuse and focusing on providing a calm environment. Strategies women used to increase their sense of agency through being able to alter their parenting style and consequently their relationship with their child, as well as projection, seemed to fill women with a greater sense of hope and empowerment. Some of the women wanted to 'make it up' to their children and attempted to buy back favour either materially or by putting fewer boundaries in at home. Unsurprisingly a large amount of shame was experienced when talking about the relationship with their child. Women participants told stories about how 'difficult' their child was to parent and alluded to complexities within the mother-child relationship and a struggle at times for them to connect with each other. Placing the blame on the child has been argued by some authors to be pathologising and more damaging for the child's welfare (Levendosky et al., 2011). This also concurs with existing literature identifying difficulties within the mother-child attachment relationship within the context of DV (Levendosky et al., 2011). However, the current research argues that this may also serve to increase women's sense of agency and their ability to attach to their child, producing more positive outcomes. Although there was a great deal of empathy from many of the mothers about the difficult behaviour their child was displaying, their narratives indicated this insight into their child's experience developed after the abusive relationship had ended. This could have been due to a lack of attunement whilst the abuse was occurring which could have negatively impact upon the mother-child relationship. Crawford et al. (2009) highlighted the risk of placing blame for

difficulties in the mother-child relationship with the mother, as a result of the domestic violence, and that understandings of the resulting difficulties should also be more helpfully placed within the responsibility of the perpetrators behaviour.

It is interesting to note that there was an absence of blame or anger towards the abuser “he’s only been you know, displaying that behaviour towards me, cos it’s what he’s experienced as a child” (Vanessa, lines 517-518). The focus on understanding rather than blame or anger towards their ex-partner may be a part of the sense making that many of the women attempted in order to understand why the abuse happened and to deal with the effects in a way that also increased agency and decreased shame and self-blame. Levendosky et al. (2000) propose that similarly to hostages, many abused women attempt to seek nurturance from their abuser as a survival strategy, which can create distortions in their ability to view the abuser as the origin of the violence. This may be viewed partly as resilience and a way for women to keep themselves and their children safe whilst they are experiencing abuse. Herman (1997) also proposed the ‘dialectic of trauma’ where the survivor needs to both deny the reality of the horrific acts and to remember and speak of their experiences simultaneously, which is supported by the findings of this research.

Women interviewed recounted reactions to abuse from those around them, both social and professional, which served to disempower and reinforce the idea that the abuse was their fault because they stayed. According to women’s

experiences, many friends and family members stopped offering them help if they returned to the abuser, and many professionals were reported as feeling helpless if the women continued to stay. Crawford et al. (2009) argued that women described the importance of those around them in empowering them to leave, indicating that if others attitudes towards domestic violence continue to be blaming and stigmatising it reduced their social network and their ability to leave the abusive relationship. However intervention from specific domestic abuse agencies such as Women's Aid, Stonham and the Freedom Programme were reported by women to reduce feelings of shame by educating them about abuse whilst offering practical support to help them leave. All of the women interviewed who had received intervention from these voluntary agencies had positive experiences , became more empowered and felt it was down to these services that they were no longer in an abusive relationship.

A number of findings from this study therefore add support to existing research (Crawford et al., 2009; Levendosky et al., 2000; Herman, 1997). However this study also adds to the literature by highlighting emergent themes of shame and use of defensive strategies including defensive projection onto the child to increase agency.

2.4.1. Implications for clinical practice

The current study highlighted the experiences and effect domestic violence had on a group of women, children and the mother-child relationship by

providing a greater understanding of women's experiences and feelings towards their children during and following domestic violence.

IPA analysis of the interviews highlighted differences between women who had been through the Freedom Programme and those who hadn't. Women who hadn't been through the programmes focused a lot more on how the abuse had been for them. A large amount of the content of the interview was describing events from the abuse and focusing on factual accounts of the violence rather than considering the implications for themselves or their children. This indicates that the programmes help women to process what happened to them and reflect upon how this has affected both them and their children. Although this enhanced capacity to reflect might initially increase a sense of shame, it is likely that the group setting of the programme can help to normalise women's experiences and reduce stigma (Williamson & Abrahams, 2010) whilst sharing with others who have had similar experiences has a powerful positive effect, a term described as 'universality' (Yalom & Leszcz, 2005). This indicates that services should be responsive to women's needs and offer the choice of individual or group-based intervention. As this research increases understanding of the strategies women use, including projection and blaming the child, to reduce their own shame and increase their sense of agency, services need to respond to this sensitively in order to meet women and children's needs.

A number of the women described their experiences of receiving support from professionals either for themselves or their children. Several women were frustrated that the impact of being in an abusive relationship wasn't considered in both their own and their child's diagnosis. Humphreys & Joseph (2004) highlight the lack of appropriate services for domestic violence survivors in the UK and build upon Herman's (1992; 1997) work by arguing that women survivors of DV are often the victims of 'labelling' being pathologised by services for what would be better conceptualised as understandable reactions to traumatic experiences. Further Humphreys & Joseph (2004) argue that women survivors of DV constitute a significant proportion of those accessing mental health services. The findings of the current research indicates that education, training and support/supervisor of professionals would assist to increase understanding and change attitudes to DV. This would help education, health and justice services to understand the dynamics of DV and respond sensitively to women's needs, building upon their resiliencies (Crawford et al., 2009). These findings are in line with the governments (2014) Action plan for eliminating violence against women and girls.

Of the women interviewed, several had received advice from professionals on their parenting techniques. Vanessa in particular spoke about the various parenting courses she had been on and outlined how important the nurturing approach of the Family Links course had been for both her and her daughter. The focus on communication between the mother and child and an emphasis on taking care of herself were what she reported to find most valuable. Vanessa felt that a nurturing approach was often over looked in favour of more

behavioural approaches and how this could be unhelpful for children who have grown up with domestic violence. This is supported by Golding's (2008) work which advocates the use of nurture, empathy and attunement when parenting children who have experienced trauma. The Family Links course follows a similar model focusing on creating a more attuned parenting style and aims to reduce the risk of parenting stress, child abuse and neglect.

Several of the women interviewed referred to the need for increased knowledge and understanding about domestic violence, especially for children and young people in order to prevent them from becoming involved in abusive relationships as adults. Within Worcestershire a pilot project has been started across a number of schools; the GREAT project (Good Relationships Are Equal and Trusting). It aims to educate young people about healthy and unhealthy relationships. A review in February 2014 indicated that it had been well received by children and staff, with outcomes indicating an increased awareness of what constitutes abuse, where they can go to get help and changes in attitudes towards violence (<http://www.westmerciawomensaid.org/services/c-yp-services/primarygreat>).

The lack of responsibility placed at the perpetrators and an emphasis on preventive intervention aimed at young girls was surprising as it seems to reinforce the notion that women are, at least partly, responsible for domestic violence. The Freedom Programme tries to help women to identify their part

in abusive relationships, for example supporting them to identify the patterns they can fall into within a relationship and the type of person they may date. It may be that this sense of empowering women to help them make choices which keeps them safe may inadvertently reinforce the notion that intervention needs to be aimed at females. However some participants did make reference to intervention in schools to support both boys and girls to understand that violence against women is unacceptable indicating a shared sense of responsibility to make changes. Equally findings by Dryden, Doherty & Nicolson (2010) indicate that young people can be aware that boys and men have a choice in participating in violence against women and having a history of domestic violence does not mean continuing the cycle is inevitable.

2.4.2. Methodological limitations

Due to small sample involved and the research methodology employed, it is not assumed that the findings and interpretations of the current study will be generalisable to a broader population. The women interviewed shared a common experience of having been mothers during an abusive relationship, however they varied in age, age of their children and length of time since their abusive relationship had ended. It could be argued that the women interviewed could be viewed as forming two groups; in terms of whether they had been involved with domestic abuse services or not. It should also be noted that the participants who had received intervention from the Freedom Programme may be at a different point in their journey to the participants who hadn't. Being at a more advanced stage of support and actively engaging in

running their own peer led group may influence the narratives of the women and therefore the themes emerging in the current study. The women were all White British, and from one area of the West Midlands, thus issues of cultural difference were not addressed. However, they were from a variety of economic and professional backgrounds.

The research focus was a sensitive issue and difficult for the women to discuss. Shame is a difficult concept to research as it is by nature a hidden emotion, whether because it is repressed or denied. As such any measurement or investigation of shame can be difficult. Due to the shame experienced it is possible that the participants may not have discussed their experiences as openly as they may have in the absence of shame. Fear of being judged or fear of acknowledging even to the self can lead individuals to deny or minimise events and behaviour (Golding, 2008).

A limitation of the research was only meeting with the participants and interviewing them once and this may have meant that the information shared with the researcher was more limited. If follow-up interviews had been utilised this might have helped participant's to reveal a greater depth of information. However telephone calls were made to the women prior to the interviews, as well as the first part of the interview involving general conversation and demographic information to set the participants at ease. The complex methodological and ethical issues arising from the current research are discussed more fully in Chapter Three (Brown et al., 2014).

2.4.3. Recommendations for further research

The current study highlights a number of areas that could benefit from further research. Several of the mothers identified ways in which their children reacted differently to DV, and in Bonnie's case how she reacted differently to her children. Further research could investigate more in-depth knowledge regarding the nuanced different reactions to DV of children within families and aim to provide greater understanding of why these differences might occur; perhaps identifying links between personality characteristics or individual effects of the abuse.

Shame, particularly in relation to their role as a mother, was found to be an overarching theme in the women participant's experiences. Future research could seek to identify the factors that may help women to have a more positive view of themselves as mothers and those that increase agency and resilience. It would also assist to investigate how these factors may be related to improved attachment and relationship with their children. This knowledge would enable services to design more sensitive interventions for working with mothers and children who have experienced DV in order to support them to understand and manage these feelings.

It has been suggested that the Freedom Programme helped to improve mother's relationships with their child and further research may help to identify the mechanisms through which this is achieved. As these groups run across

the country, a large scale evaluation would be needed to establish what factors women find helpful and where the gaps in the intervention are. Using mixed methods an evaluation would be able to ascertain which women would be appropriate for group-based intervention and which may respond better to individual therapy.

More broadly, as the current study has highlighted there still exists a negative societal representation of 'victim' and an apparent lack of sufficient responsibility for the 'abuser', who there often appear to be no consequences for and as a result a lack of treatment/intervention. It would be interesting to research more fully what beliefs are held by perpetrators of DV, their experiences of support and treatment services and those factors which assist them to change their behaviour, as well as any gaps that exist. Evaluation of training for professionals, for example judges, police, mental health professionals, G.P's and health visitors who are likely to come into contact with survivors of domestic violence would help to increase current understanding and therefore help to make services more responsive and sensitive to women and children's needs.

2.5. References

Aubrey, A. (Eds) (2011). *The role of attachment in the intergenerational transmission of abuse: from childhood victimisation to adult re-victimization and distress*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 72, 6-B, 3752.

British Psychological Society Code of Ethics and Conduct (2009)

Brown, E. J., Liebling, H., & Columbo, A., (2014). *Children's Experiences of Domestic Violence: A Qualitative Literature Review*. For submission. Child Abuse Review.

Brown, E. J., Liebling, H., & Columbo, A., (2014). *Eyes wide open: A reflective account of feminist research*. Unpublished document.

Buchanan, F., Power, C., & Verity, F. (2013). *Domestic Violence and the Place of Fear in Mother/Baby Relationships: "What Was I Afraid Of ? Of Making It Worse."* Journal of Interpersonal Violence, 28, (9),1817–1838.

Buck, N., Leenars, E., Emmelkamp, P., & Van Marle, H. (2012). *Explaining the Relationship between Insecure Attachment and Partner Abuse: The Role of Personality Characteristics*. *Journal of Interpersonal Violence*, 27 (16), 3149-3170.

Carlson, B. E., McNutt, L., Choi, D.Y., & Rose, I. M. (2002). *Intimate partner abuse and mental health: The role of social support and other protective factors*. In: E, Crawford. (2007). *The impact of domestic abuse on the mother-child relationship. A review of the literature*. (Doctoral Dissertation). The Universities of Coventry & Warwick. Warwickshire.

Crawford, E., Liebling-Kalifani, H., & Hill, V. (2007). *The impact of domestic abuse on the mother-child relationship. A review of the literature*. (Doctoral Dissertation). The Universities of Coventry & Warwick. Warwickshire.

Crawford, E., Liebling-Kalifani, H., & Hill, V. (2009). *Women's Understanding of the Effects of Domestic Abuse: The impact on their identity, sense of self and Resilience. A Grounded Theory Approach*. *Journal of International Women's Studies*, 11, (2). 63-82.

Craven, P. (2008). *Living with the dominator. A book about the Freedom Programme*. UK: Freedom Publishing.

Crown Prosecution Service. (2009). *CPS Policy for Prosecuting Cases of Domestic Violence*. Retrieved March, 30, 2014, from www.cps.gov.uk/publications/docs/domesticviolencepolicy.pdf

Dryden, C., Doherty, K., & Nicolson, P. (2010). *Accounting for the hero: A critical psycho-discursive approach to children's experience of domestic violence and the construction of masculinities*. *British Journal of Social Psychology*, 49, 189-205.

DeRoche, K., & Lahman, M. (2008). *Methodological Considerations for Conducting Qualitative Interviews with Youths Receiving Mental Health Services*. *Qualitative Social Research*, 9, (3).

Ehrensaft, M., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. (2003). *Intergenerational transmission of partner violence: A 20 year prospective study*. In A. Aubrey. (Eds) (2011). *The role of attachment in the intergenerational transmission of abuse: from childhood victimisation to adult re-victimization and distress*. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 72, 6-B, 3752.

Golding, K. S. (2008). *Nurturing Attachments. Supporting Children who are fostered or adopted*. London: Jessica Kingsley Publishers.

Golding, K. S., & Hughes, D. A. (2012). *Creating Loving Attachments*. London: Jessica Kingsley Publishers.

Herman, J. (Eds) (1997). *Trauma and Recovery. The aftermath of violence- from domestic abuse to political terror*. New York: Basic Books.

Hick, K. (2008). *Moving beyond power and control: A qualitative analysis of adult attachment and intimate partner violence*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 69, 4-B, 2628.

HM Government. (2014). *A call to end violence against women and girls. Action plan 2014*. Retrieved 29th April 2014, from, <https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk>

Humphries, C., & Joseph, S. (2004). *Domestic violence and the politics of trauma*. Women Studies International Forum, 27, 559-570.

Huth-Bocks, A. C., Levendosky, A. A., Thieran, S. A., & Bogart, G. A. (2002). *The impact of domestic violence on mothers prenatal representations of their infants*. *Infant Mental Health Journal*, 25 (2), 79-98.

Johnson, S., Frattaroli, S., Campbell, J., Wright, J., Pearson-Fields, A., & Cheng, T. (2005). *"I know what love means". Gender-Based Violence in the lives of Urban Adolescents*. *Journal of Women's Health*, 14 (2), 172-179.

Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). *Child witnesses to domestic violence: A meta-analytic review*. In A, Aubrey. (2011). *The role of attachment in the intergenerational transmission of abuse: from childhood victimisation to adult re-victimization and distress*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 72, 6-B, 3752.

Lemma, A. (2003). *Introduction to the Practice of Psychoanalytical Psychotherapy*. UK: John Wiley & Sons Ltd.

Letherby, G. (2003). *Feminist Research in Theory and Practice*. Buckingham: Open University Press.

Levendosky, A., Lannert, B., & Yalk, M. (2012). *The Effects of Intimate Partner Violence on Women and Child Survivors: An Attachment Perspective*. *Psychodynamic Psychiatry*, 40(3), 397–434.

Levendosky, A., Bogart, G., Huth-Bocks, A., & Rosenblum, K. (2007). *Attachment and infancy to preschool: Domestic violence and other predictors of stability and instability*. Paper presented at the Society for Research in Child Development. Boston, MA.

Levendosky, A., Lynch, S., & Graham-Bermann, S. (2000). *Mothers' Perceptions of the Impact of Woman Abuse on Their Parenting*. *Violence Against Women*, 6, 247.

Levendosky, A., & Graham-Bermann, S. (1998). *The moderating effects of parenting stress in woman-abusing families*. *Journal of Interpersonal Violence*, 13, 383-397.

Levendosky, A. A. (1997). *Theoretical consideration and empirical findings on parenting in battered women*. Paper presented at the second International Conference on Children Exposed to Family Violence. London, Ontario, Canada.

Levendosky, A. A. (1995). *Parenting in battered women: The effects of domestic violence on women and children*. In A, Levendosky., S, Lynch. & S, Graham-Bermann. (2000). *Mothers' Perceptions of the Impact of Woman Abuse on Their Parenting*. Violence Against Women, 6, 247.

Lynch, S. (2013). *Not good enough and on a tether: Exploring how violent relationships impact women's sense of self*. Psychodynamic Psychiatry, 41, (2), Special issue: Intimate partner violence, 220-246.

Margolin, M., Gordis, E., Medina, A., & Oliver, P. (2003). *The co-occurrence of husband to wife aggression, family of origin aggression and child abuse potential in a community sample: Implications for parenting*. In A, Aubrey. (2011). *The role of attachment in the intergenerational transmission of abuse: from childhood victimisation to adult re-victimization and distress*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 72, 6-B, 3752.

McGee, C. (2000). *Childhood Experiences of Domestic Violence*. UK: Jessica Kinsley Publishers.

McGuigan, W. M., Vuchinich, S., & Pratt, C. C. (2000). *Domestic violence, parents' view of their infant, and risk for child abuse*. Journal of Family Psychology, 14, (4), 613-624.

Mirlees-Black, C. (1999). *Domestic Violence: Findings from a new British Crime Survey self-completion questionnaire*. Office Research Studies.

Mullender, A., & Morley, R. (1994). 'Context and Content of a New Agenda'. *Children Living with Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda*. (Eds). London: Whiting and Birch Ltd, 2-16.

Pianta, R. C., & Engeland, B. (1990). *Life stress and parenting outcomes in a disadvantaged sample: Results of the mother-child interaction project*. Journal of Clinical Child Psychology, 19, 329-336.

Quinlivan, J. A., & Evans, S. F. (2005). *Impact of domestic violence and drug use in pregnancy on maternal attachment and infant temperament in teenage mothers in the setting of best clinical practice*. Archive of Women's Mental Health, 8, 191-199.

Renzetti, C. M., & Lee, R. M. (1993). *Researching sensitive topics*. London: Sage publications.

Robinson, G. E. (2003). *Violence against women in North America*. In: E, Crawford. (2007). *The impact of domestic abuse on the mother-child relationship. A review of the literature*. (Doctoral Dissertation). The Universities of Coventry & Warwick. Warwickshire.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretive Phenomenological Analysis. Theory, Method and Research*. SAGE Publications.

Sternberg, K. J., Lamb, M. E., Guterman, E., Abbott, C. B., & Dawud-Noursi, S. (2005). *Adolescents perceptions of attachment to their mothers and fathers with histories of domestic violence: A longitudinal perspective*. Child Abuse and Neglect, 29, 853-869.

Sullivan, C., Allen. N., Nguyen, H., Gauthier, L., Bybee, D., Rotter, J & Baker, C. (1997). *Beyond blaming mom: Evidence for viewing mothers as nurturing parents of children exposed to domestic violence*. In A, Levendosky., S, Lynch., & S, Graham-Bermann. (2000). *Mothers' Perceptions of the Impact of Woman Abuse on Their Parenting*. Violence Against Women, 6, 247.

Taylor, K. (2013). *A Growing Crisis of unmet need. What the figures alone don't tell you*. Woman's aid. Retrieved, 11 April 2014, from file:///C:/Users/ejdur_000/Downloads/GrowingCrisis(1).pdf

Trust for London and the Henry Smith Charity. (2011). *Islands in the Stream: an evaluation of independent domestic violence advocacy scheme*.

Retrieved, 25 March 2014, from

<http://www.trustforlondon.org.uk/research/publication/independent-domestic-violence-advocacy-enhances-safety>

Walby, S., & Allen, J. (2004). *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*. London: Home Office Research, Development and Statistics Directorate.

West Mercia Women's Aid. (2013). *The GREAT Project*. Retrieved, 15 April, 2014, from <http://www.westmerciawomensaid.org/services/c-yp-services/primarygreat>

Williamson, E., & Abrahams, H. (2010) *Evaluation of the Bristol Freedom Programme*. Bristol: University of Bristol.

Women's Aid challenges ONS statistics on domestic violence. (2012). Press Release. Retrieved, 21 March 2014, from <http://www.womensaid.org.uk/domestic-violence-press-information.asp?itemid=3219&itemTitle=Women%92s+Aid+challenges+ONS>

+statistics+on+domestic+violence§ion=0001000100150001§ionTitle
=Press+releases

Women's Aid. (2008). *Domestic violence- a hidden crime*. Retrieved March 21, 2014, from
<http://www.womensaid.org.uk/domesticviolencearticles.asp?section=00010001002200360002&itemid=1403>

Worley, K., Walsh, S., & Lewis, K. (2004). *An examination of parenting experience in male perpetrators of domestic violence: A qualitative study*. *Psychology and Psychotherapy: Theory, Research and Practice*, 77(1), 35-54.

Yaeger-Von Birgelen, C. (2001). *An exploratory investigation into attachment theory explanation of the aetiology of domestic violence committed by adult men in a batters intervention programme*. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 61,7-B, 3884.

Yalom, I., & Leszcz, M. (2005). *Theory and Practice of Group Psychotherapy*. USA: Perseus Books Group.

Zeitlin, D., Dhanjal, T., & Cohnsee, M. (1999). *Maternal-foetal bonding: The impact of domestic violence on the bonding process between a mother and child*. Archives of Women's Mental Health, 2, 183-189.

Zeanah, C., Danis, B., Hirshber, L., Benoit, D., Miller, D., & Heller, S. (1999). *Disorganised attachment associated with partner violence: A research note*. In A. Aubrey. (Eds). *The role of attachment in the intergenerational transmission of abuse: from childhood victimisation to adult re-victimization and distress*. Dissertation Abstracts International: Section B: The Sciences and Engineering, 72, 6-B, 3752.

Chapter Three:

Eyes Wide Open; A Reflective Account of
Feminist Research

This paper is not intended for publication.

Word Count: 2,673

3.0. Introduction

This article provides a reflective account of the journey of conducting qualitative research on the subject of mother's experiences of relationships with their children during domestic violence. The research was carried out drawing on feminist methodology which has a strong commitment to trying to improve the status of women in modern societies (Sarantakos, 2004). One of the main aims of feminist research is to empower women and give them a voice to speak about life from their perspectives. This methodology has had such a powerful impact upon me and both my personal and professional development I have based this paper around the process and core principles of carrying out feminist research.

3.1. Methodological Issues

Feminist research values a number of principles, including the interactive interviewing process, empowerment, self-reflexivity, consciousness-raising and an examination of ethical concerns.

3.1.1. Interactive interviewing process

"A qualitative research interview is often described as a conversation with a purpose" (Smith, Flowers & Larkin, 2009: 64), although the flow of

conversation is considered more one-sided with the participant offering the narrative and the interviewer clarifying and following the lead (Smith et al., 2009). One aspect that I feel impacted upon my research style, in both a positive and negative sense, was my position as a trainee clinical psychologist. I feel that my experience of working clinically with women who have been abused physically, sexually and emotionally meant that I felt comfortable discussing emotionally evocative experiences in a sensitive way. However, I found it challenging to alter my stance during the research process to become a more passive listener, as my instinct from experiences of carrying out therapy was to try to help women make sense of their experiences and offer interpretations for them. There were occasions during the research that I did offer an interpretation where I felt it was helpful to the process. Although there needs to be some caution when making interpretations during the interviews, this did mean that when I came to collate the research themes, I had explored some of my interpretations of the data analysis with the participants and had their reactions to my reflections to confirm my understanding or to guide me further. This process, as well as being consistent with IPA methodology (Smith et al., 2009) is also in line with feminist methods that advocate a more 'active' or dialogical interviewing style (Gubrium & Holstein, 2002).

A common challenge within qualitative research is to gain a sense of women participants' experiences within a short time-frame. It is difficult to reflect a woman's experiences of domestic violence and her relationship with her child within a one hour interview. By adopting a more passive interviewing style I feel that the women were able to describe the most salient aspects for them

and this was how it felt during the interviews. Balancing this with my desire to offer interpretations was challenging, but often I was so enthralled by the narrative I was being told it felt natural to listen intently. Although there were a number of common themes, women I spoke with were able to share their unique experiences and seemed to feel their lived experiences were heard through the research interview. All of the women were asked at the end of the interview if they wanted to add anything they thought had been missed, but none added anything which suggests they felt content that they had narrated their story. Throughout the interviews I was keen to keep on top of my data and have a sense of any potential emerging themes. This was incredibly useful as it meant that I was able to probe emerging themes more deeply with the next woman I interviewed (Smith et al., 2009).

3.1.2. Empowerment

My greatest difficulty throughout the interviews, was my feeling of guilt for asking women participants to tell their stories. I felt that unlike in a therapeutic context, the women participants were sharing their stories with me for my own gain rather than their own benefit. I believe this is linked to my desire and therapeutic role within a clinical setting where I am assisting women (and men) to make sense of their experiences, and feel more like I am giving something back. Many discussions with my research supervisor centred around the importance of asking questions about sensitive issues, such as domestic violence, and the responsibility I had of enabling women's voices to be heard. Two of the women spontaneously volunteered that they had found the process

empowering, saying they felt it had been therapeutic to think about and articulate their story to another. By telling their story they seemed to gain some kind of positive experience. All of the women I interviewed gave the impression of making progress since the ending of their relationship, including changes they had made to their parenting, professional development and a greater sense of self and well-being. Their stories reflected this journey and Bonnie and Vanessa in particular seemed to be left with a sense of what they had achieved. This is consistent with previous research, which found a link between a greater sense of empowerment and women sharing their stories of domestic violence (Griffin, Resick, Waldrop & Mechanic, 2003). I found this incredibly emotive and felt a strong desire to help other women along their journey of self-development and to move beyond the shadow that often an abusive relationship can create.

3.1.3. Self-reflexivity

The focus on the mother's experiences of relationships, in particular with their child, was challenging to investigate. Asking women to describe their relationship with their child was complex on two levels; firstly the ambiguous nature of what is meant by 'relationship' and how this is experienced and defined. Secondly when considering the degree of emotion, especially shame, that appeared to be connected with this topic. The sensitivity of this topic shows the strength in the approach of IPA in being able to interpret and make sense of what the participant is trying to communicate. By keeping a detailed diary of my thoughts and feelings about each interview and a general sense I

had of the story each woman was trying to communicate, it made it easier to read between the lines and construct a deeper narrative. This was also helped by asking a fellow trainee to code a transcript. We had very similar thoughts and experiences of the participant's narrative, which reassured me that I was on the right track.

Prior to carrying out this research I had clinical experience of working with mothers who had been abused. This led me to approach the research with some assumptions about how women may experience their relationships with their children following domestic violence. In particular a lot of my experience had been with mothers identifying their child with their father or abusive partner. This fits in with the theme of shame and experiencing the child as 'bad' perhaps as a protective response against the feelings of failing as a mother which emerged from my research (Brown, Liebling & Columbo, 2014). By documenting the assumptions and feelings I was having during the process of the research and in response to the participants and sharing these with the research team, I was able to create some distance from my own thoughts and emotions allowing me to adopt a more reflective stance (Smith et al., 2009).

3.1.4. Consciousness raising

Something I found particularly interesting during the research process was the reaction I got from friends, family and colleagues regarding carrying out my research on the subject of domestic violence. Some were clearly

uncomfortable with discussing the topic, which highlighted to me how shameful and hidden the problem of domestic violence can often be. I found myself angry at this response and how readily people were willing to brush such an important issue under the carpet. Alternatively people would readily volunteer themselves to be interviewed, showing a willingness to discuss their personal lives. This was often a shock to me personally that I hadn't been aware of their abusive relationship. This sense of secrecy fits with the concept that domestic violence is often a hidden crime and under-reported crime and not something that women, or men, discuss with friends or family.

There is a current increase in awareness campaigns for domestic violence; I have come across adverts on the television, radio and posters in public places. The Government's 2014 action plan for ending violence against women and girls has included the re-launch of the *This is Abuse* campaign, with a focus on targeting both young survivors and perpetrators. The action plan is committed to early intervention and identifies the crucial role that schools can play in the education of young people about healthy relationships. It is hoped that the rise in easily accessible information increases both an awareness and understanding of domestic violence, which will result in more people talking about it. Of the women I interviewed, those who had been through the freedom programme were more aware of the broader issues of domestic violence and the early warning signs. All of the women participants reflected that they had made changes in their relationships; both friendships and romantic relationships since attending these programmes and feeling more empowered with knowledge. Nearly all of the women I interviewed talked about the need

for more preventative work, especially with children in schools, which is in agreement with the new government strategy. By raising the general profile of domestic violence I hope it will open up more discussions and bring this crime into the open.

3.2. Ethical issues

Prior to the research a great deal of consideration was given to the well-being of the participants and the ethical implications of participation. One of the documents consulted was the framework for researching domestic abuse published by the World Health Organization (WHO, 2001: 9) which states:

Studies show that research on domestic violence against women can be conducted with full respect of ethical and safety considerations. They also illustrate how, when interviewed in a non-judgemental manner in an appropriate setting, many women will discuss their experiences of violence. Indeed, rather than being a barrier, evidence suggest that many women find participating in violence research beneficial.

(Centre for Health and Gender Equity, 1995: 9).

Every effort was made during the research process to follow these guidelines, particularly with regard to participant safety, well-being and confidentiality. Sometimes practical issues made it difficult to adhere exactly to the outlined policies, for example most women were not interviewed in a neutral setting as

recommended; all except two women were interviewed in their home. However, alternative arrangements had been offered to the participants and they had requested meeting with me in their home. A neutral setting is incredibly important if the women interviewed were still in an abusive relationship, however, this was against the exclusion criteria for the study. It was more important therefore that the participant was somewhere they felt comfortable and caused them the least inconvenience.

Although recruiting women to be interviewed for the research was challenging, I feel that the participants interviewed were well selected and the inclusion and exclusion criteria was successful in selecting women who were safe and emotionally able to discuss their experiences. Most of the women interviewed had received some form of support; with the majority having been through the Freedom Programme. This meant that many declined the offer of contact details for support which had been prepared. Feeling that they had no need for further help seemed to be empowering for the women participants, again acknowledging how far they had come on their journey.

I feel aware that my position as a Trainee Clinical Psychologist means that I have conducted my research with an agenda beyond adding to the existing knowledge base. The need to conduct research to fulfil the requirements of a Doctoral Thesis means that the research might benefit my own career as well as others. Being aware of this I do not feel I have fulfilled my own requirements at the detriment of any of my participants. I fully intend to publish the research

and hope that it will be used to inform future policy and practice. The research will be made available to the participants and the organisations that helped me collect the data as well as to other local support services. It is hoped that the findings will guide improvements to future service provision, add to the existing literature and expand our current understandings of how women experience domestic violence and their experiences of the effects on their relationships with their children as well as what prevention and support they feel would be helpful.

3.3. Final thoughts

Becoming increasingly interested in feminist perspectives I have also become more aware of the aspects of society that tend to blame women for staying in abusive relationships, and the many mechanisms that contribute towards a patriarchal society. The research highlighted the views of professionals, family and on occasion the participants themselves for either causing the abuse to happen, or more generally for 'choosing' to stay in abusive relationships (Brown et al., 2014). Even when looking for a solution or prevention, the participants generally suggested raising awareness in schools and working on a girl's sense of self-esteem to assist them not to enter into violent relationships. Very few of the women acknowledged that intervention could be aimed at challenging men's or boy's views towards women, which surprised me and again seems to fit with the concept of victim blaming. Promundo are an international organisation founded in Brazil which aims to engage men and boys to promote gender inequality and end violence against women

(www.promundo.org). They work with women, girls, boys and men to challenge gender norms and power relations, with campaigns aimed at youth, families, communities, government and private entities. Promundo recognise that in order to challenge gender violence changes need to be made within the institutions which support the construction of gender norms. A current fatherhood project taking place in some areas of the UK aims to support fathers to take on an integral role when it comes to parenting (McAllister & Burgess, 2012) in order to increase positive roles and experiences for mother, fathers and children. Challenging stereotypical gender roles helps to undermine the mechanisms supporting violence against women.

Feminist theory argues that domestic violence is a product of gender inequality which is sustained by society's reinforcement of acceptable gender roles, particularly within relationships. Gender roles are reinforced by society's view of a woman as subservient; traditional roles of the man working, earning more, 'looking after' the woman and generally being superior are still visibly in place. Since beginning this research I have had my eyes opened to the extent to which we still live within a sexist society. This is illustrated by 'Everyday sexism', a blog started by Laura Bates in 2011 (<http://everydaysexism.com/>) which has collected hundreds of thousands of examples from women and girls as to how sexism impacts upon their lives every day. We live in a society that normalises the treatment of women as second class citizens; how can we begin to tackle domestic violence if women are continued to be seen in this way? This experience has made me see that more than services and

professionals to help with domestic violence; we need a drastic change in the cultures that continues to keep it a hidden crime.

Writing this paper has led me to consider the impact conducting this type of research has had on me as a clinician. I expect during the course of my career I will come into contact with women, men and children who have been in abusive relationships, both in terms of clients and colleagues. Something that I will be more aware of in the future is attempting to help women minimise the shame they may experience as a result of domestic violence and the dynamics and strategies they use to deal with this. I will utilise the knowledge gained from the women I interviewed and research carried out to also improve upon my own practice in this area.

3.4. References

Brown, E. J., Liebling, H., & Columbo, A., (2014). *Mother's experiences of relationship during domestic violence*. For submission. Journal of Violence Against Women.

Centre for Health and Gender Equity. (1995). *Measuring Violence Against Women Cross-Culturally*. In World Health Organisation, (2001). Putting Women First. Ethical and safety recommendations for research on domestic violence against women.

Griffin, M. G., Resick, P. A., Waldrop, A. E., & Mechanic, M. B. (2003). *Participation in Trauma Research: Is There Evidence of Harm?* Journal of Traumatic Stress, 16, (3), 221–227.

Gubrium, J. F., Holstein, J. A. (Eds) (2002). *Handbook of Interview Research: Context and Methods*. In J, Smith., P, Flowers. & M, Larkin. (2009). *Interpretive Phenomenological Analysis. Theory, Method and Research*. SAGE Publications.

McAllister, F., & Burgess, A. (2012). Fatherhood: Parenting Programme and Policy. A Critical Review of Best Practice. Retrieved 29th April 2014, from,

<http://www.promundo.org.br/en/wp-content/uploads/2012/08/Parenting-Programmes-and-Policy-Critical-Review-Fomatted-V1.1-150812-FINAL.pdf>

HM Government. (2014). *A call to end violence against women and girls. Action plan 2014*. Retrieved 29th April 2014, from, <https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk>

Promundo. (1997). *Transforming Gender Norms*. Retrieved April, 8, 2014, from <http://www.promundo.org.br/en/about-us/introduction>

Sarantakos, S. (2004). *Social Research*. Palgrave Macmillan.

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretive Phenomenological Analysis. Theory, Method and Research*. SAGE Publications.

The everyday sexism project. Retrieved April, 2, 2014, from <http://everydaysexism.com>

World Health Organisation, (2001). *Putting Women First. Ethical and safety recommendations for research on domestic violence against women*.

Retrieved March, 20, 2014, from

<http://www.who.int/gender/violence/womenfirtseng.pdf>

Appendices

Appendix A: Ethical approval

Coventry University

A qualitative study of womens experiences of the mother-child relationship following domestic abuse.

P10894

REGISTRY RESEARCH UNIT ETHICS REVIEW FEEDBACK FORM

(Review feedback should be completed within 10 working days)

Name of applicant: Eleanor Brown

Faculty/School/Department: [Faculty of Health and Life Sciences] Clinical Psychology

Research project title: A qualitative study of womens experiences of the mother-child relationship following domestic abuse.

Comments by the reviewer

1. Evaluation of the ethics of the proposal:	
Very well prepared	
2. Evaluation of the participant information sheet and consent form:	
Very clear	
3. Recommendation: (Please indicate as appropriate and advise on any conditions. If there any conditions, the applicant will be required to resubmit his/her application and this will be sent to the same reviewer).	
<input checked="" type="checkbox"/>	Approved - no conditions attached
<input type="checkbox"/>	Approved with minor conditions (no need to re-submit)
<input type="checkbox"/>	Conditional upon the following – please use additional sheets if necessary (please re-submit application)
<input type="checkbox"/>	Rejected for the following reason(s) – please use other side if necessary
<input type="checkbox"/>	Not required

Name of reviewer: Anonymous.....

Date: 23/05/2013.....

Ethical Approval
Local Community Trust- Anonymised email confirmation

MB <MB*****@***.org.uk>
To: Eleanor Brown <browne15@uni.coventry.ac.uk>

HI Eleanor

With regards to your request I can confirm ***** are happy for you to contact families ***** have previously worked with in relation to your research.

Regards

Mel

Melanie B*** – Head of *****, ***** Community Trust**

*** ***** | ***** | ***** | WR* ***

Email: mb*****@***.org.uk | www.***.org.uk

Tel: ***** | **Mobile:** *****

Appendix B: Author guidelines

Child Abuse Review



Edited By: Jane V. Appleton and Peter Sidebotham

Impact Factor: 0.698

ISI Journal Citation Reports © Ranking: 2012: 23/38 (Social Work); 27/38 (Family Studies)

Online ISSN: 1099-0852

Author Guidelines

1. Initial Manuscript Submission

Submitted manuscripts should not have been previously published and should not be submitted for publication elsewhere while they are under consideration by Wiley. Submitted material will not be returned to the author unless specifically requested.

Child Abuse Review has now adopted **ScholarOne Manuscripts** , for online manuscript submission and peer review. The new system brings with it a whole host of benefits including:

- *Quick and easy submission*
- *Administration centralised and reduced*
- *Significant decrease in peer review times*

From now on **all** submissions to the journal must be submitted online at

<http://mc.manuscriptcentral.com/car>. Full instructions and support are available on the site and

a user ID and password can be obtained on the first visit. If you require assistance then click the **Get Help Now** link which appears at the top right of every ScholarOne Manuscripts page. If you cannot submit online, please contact Julia Walsh in the Editorial Office (Child.Abuse.Review@nhs.net).

2. Manuscript style

The language of the journal is English. All submissions must have a title, be double-line spaced and have a margin of 3cm all round. Illustrations and tables must be supplied separately, and not be incorporated into the text. Their proposed location should be indicated in the text.

The paper must include:

- A **title page** with the full title, the names and affiliations of all authors and a running headline. Give the full address, including email, telephone and fax, of the author who is to check the proofs.
- The **name(s)** of any **sponsor(s)** or **research funder(s)**, along with **grant number(s)**.
- An unstructured **abstract** of up to 200 words for all Papers. An abstract is a concise summary of the whole Paper, not just the conclusions, and is understandable without reference to the rest of the Paper. It should contain no citation to other published work.
- Up to 75 words as bullet points outlining the Key Practitioner Messages contained in the paper.
- Up to four **keywords** that describe your Paper, for indexing purposes.
- The word-length of the manuscript at the end.

Papers (excluding tables and references) should be between 3,000 and 5,000 words, Short Reports and Case Studies should be between 1,000 and 2,500 and do not require an abstract.

3. Ethical Guidelines

Child Abuse Review adheres to the ethical guidelines for publication and research summarised below.

3.1. Authorship and Acknowledgements

Authorship: Authors submitting a paper do so on the understanding that the manuscript has been read and approved by all authors and that all authors agree to the submission of the manuscript to the Journal. ALL named authors must have made an active contribution to the conception and design and/or analysis and interpretation of the data and/or the drafting of the paper and ALL must have critically reviewed its content and have approved the final version submitted for publication.

Participation solely in the acquisition of funding or the collection of data does not justify authorship and, except in the case of complex large-scale or multi-centre research, the number of authors should not exceed six.

Child Abuse Review adheres to the definition of authorship set up by The International Committee of Medical Journal Editors (ICMJE). According to the ICMJE authorship criteria should be based on 1) substantial contributions to conception and design of, or acquisition of data or analysis and interpretation of data, 2) drafting the article or revising it critically for important intellectual content and 3) final approval of the version to be published. Authors should meet conditions 1, 2 and 3.

It is a requirement that all authors have been accredited as appropriate upon submission of the manuscript. Contributors who do not qualify as authors should be mentioned under Acknowledgements.

Acknowledgements: Under Acknowledgements please specify contributors to the article other than the authors accredited. Please also include specifications of the source of funding for the study and any potential conflict of interests if appropriate. Suppliers of materials should be named and their location (town, state/county, country) included.

3.2. Ethical Approvals

Research involving human participants will only be published if such research has been conducted in full accordance with ethical principles, including the World Medical Association Declaration of Helsinki (version, 2002 <http://www.wma.net/en/30publications/10policies/b3/index.html>) and the additional requirements, if any, of the country where the research has been carried out. Manuscripts must be accompanied by a statement that the research was undertaken with the understanding and written consent of each participant (or the participant's representative, if they lack capacity), and according to the above mentioned principles. A statement regarding the fact that the study has been independently reviewed and approved by an ethical board should also be included.

All studies using human participants should include an explicit statement in the Material and Methods section identifying the review and ethics committee approval for each study, if applicable. Editors reserve the right to reject papers if there is doubt as to whether appropriate procedures have been used.

Ethics of investigation: Papers not in agreement with the guidelines of the Helsinki Declaration as revised in 1975 will not be accepted for publication.

3.3 Clinical Trials

Clinical trials should be reported using the CONSORT guidelines available at www.consort-statement.org. A CONSORT checklist should also be included in the submission material ([http://www.consort-statement.org/mod_product/uploads/CONSORT 2001 checklist.doc](http://www.consort-statement.org/mod_product/uploads/CONSORT_2001_checklist.doc)).

Child Abuse Review encourages authors submitting manuscripts reporting from a clinical trial to register the trials in any of the following free, public clinical trials registries: www.clinicaltrials.gov, www.isrctn.org. The clinical trial registration number and name of the trial register will then be published with the paper.

3.4 Conflict of Interest and Source of Funding

Conflict of Interest: Authors are required to disclose any possible conflict of interest. These include financial (for example patent, ownership, stock ownership, consultancies, speaker's fee). Author's conflict of interest (or information specifying the absence of conflicts of interest) will be published under a separate heading entitled 'Conflict of Interests'.

Child Abuse Review requires that sources of institutional, private and corporate financial support for the work within the manuscript must be fully acknowledged, and any potential conflicts of interest noted. Please include this information under the separate headings of 'Source of Funding' and 'Conflict of Interest' at the end of your manuscript.

If the author does not include a conflict of interest statement in the manuscript then the following statement will be included by default: "No conflicts of interest have been declared".

Source of Funding: Authors are required to specify the source of funding for their research when submitting a paper. Suppliers of materials should be named and their location (town, state/county, country) included. The information will be disclosed in the published article.

4. Reference style

Harvard style must be used. In the text the names of authors should be cited followed by the date of publication, e.g. Adams & Boston (1993). Where there are three or more authors, the first author's name followed by *et al.* should be used in the text, e.g. Goldberg *et al.* (1994). The reference list should be prepared on a separate sheet with names listed in alphabetical order. The references should list authors' surnames and initials, date of publication, title of article, name of book or journal, volume number or edition, editors, publisher and place of publication. In the case of an article or book chapter, page numbers should be included routinely.

All references must be complete and accurate. Online citations should include date of access. If necessary, cite unpublished or personal work in the text but do not include it in the reference list.

References should be listed in the following style:

Munro E. 2008. *Effective Child Protection*. Sage Publications: Los Angeles, USA.

Parton N. 2007. Safeguarding children: a socio-historical analysis. In: *The child protection handbook* (3rd ed.), Wilson K & James A (eds). Bailliere Tindall: Edinburgh; pp. 9-30.

St James-Roberts I. 2007. Helping parents to manage infant crying and sleeping: A review of the evidence and its implications for services. *Child Abuse Review* **16**: 47-69. DOI: 10.1002/car.968

5. Illustrations

All figures and artwork must be provided in electronic format. Please save vector graphics (e.g. line artwork) in Encapsulated Postscript Format (EPS) and bitmap files (e.g. halftones) or clinical or in vitro pictures in Tagged Image Format (TIFF). Further information can be obtained at Wiley-Blackwell's guidelines for illustrations: <http://authorservices.wiley.com/bauthor/illustration.asp>

6. Copyright and Permissions

[CTA Terms and Conditions](#)

For authors choosing OnlineOpen

If the OnlineOpen option is selected the corresponding author will have a choice of the following Creative Commons License Open Access Agreements (OAA):

Creative Commons Attribution License OAA

Creative Commons Attribution Non-Commercial License OAA

Creative Commons Attribution Non-Commercial -NoDerivs License OAA

To preview the terms and conditions of these open access agreements please visit the Copyright FAQs hosted on [Wiley Author Services](#) and visit

<http://www.wileyopenaccess.com/details/content/12f25db4c87/Copyright--License.html>.

7. Reporting and interpretation of Statistical Results

When reporting and interpreting the findings of a statistical analysis the authors should focus on the clinical importance of the results rather than simply the statistical evidence. In order to do this, the confidence interval for any parameter estimate is crucial, although the standard error would also be acceptable. Do the implications of these results differ depending on where in the confidence interval the true value may lie?

The p-value indicates the statistical evidence (against the null hypothesis). Authors should refrain from the use of the word significant to describe results for which a p-value is less than 0.05, instead considering the level of evidence against the null hypothesis in combination with the clinical importance as described above.

For further reading, see

Sterne JA, Davey Smith G.

Sifting the evidence - what's wrong with significance tests?

BMJ. 2001 Jan 27;322(7280):226-31.

<http://www.bmj.com/content/322/7280/226.1.full.pdf>

8. Further Information

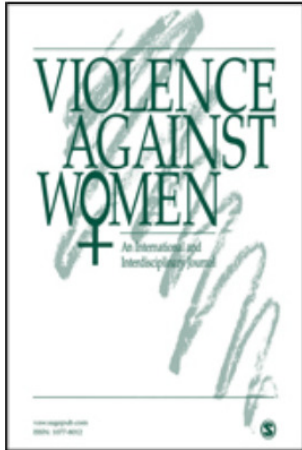
Most papers will require some revisions. Proofs will be sent to the author for checking. This stage is to be used only to correct errors that may have been introduced during the production process. Prompt

return of the corrected proofs, preferably within two days of receipt, will minimise the risk of the Paper being held over to a later issue. Free access to the final PDF offprint of your article will be available via Author Services only. Please therefore sign up for Author Services if you would like to access your article PDF offprint and enjoy the many other benefits the service offers. Additional copies of the journal may be ordered.

NIH Public Access Mandate

For those interested in the Wiley-Blackwell policy on the NIH Public Access Mandate, [please visit our policy statement](#)

Violence Against Women



Violence Against Women

Editor:

[Claire M. Renzetti](#)

University of Kentucky

Unravelling the Thread of Violence

The problem of violence against women manifests itself in a terrifying array of forms throughout the world. The experience of violent intrusion - or the threat of such intrusion - is a common thread in the fabric of women's everyday lives in societies around the world.

As an international journal, one of the goals of *Violence Against Women* is to unravel that thread by shedding light not only on forms of violence that are already widely discussed but also on lesser known forms of violence, such as dowry murders, female circumcision enslavement for sex tourism, and rape as a weapon of war. Topics recently covered in the journal have included: Sexual Assault/ Coercion Domestic Violence Hate Crimes Corporate Violence Wife Rape Pornography Acquaintance Rape Lesbian Battery Female Sexual Abuse Sexual Harassment

Unity of Purpose

Efforts to deal with the crisis of violence against women, in its many forms, have been fragmented by the boundaries of academic disciplines, professional allegiances, and increasingly, credentialism. Academics and clinicians are speaking to those most like themselves in relatively closed groups, not hearing the numerous voices that need to be heard if we are to develop a full understanding of the problem and a comprehensive strategy for addressing it. A primary goal of this journal, therefore, is to foster dialogue among those working in various fields and disciplines, as well as in agencies and other settings, and among those from diverse backgrounds in terms of ethnocultural and racial identity, sexual orientation, and experiences of victimisation/ survivorship.

To achieve that goal, contributions are featured from a variety of diverse perspectives, such as: Ethnic Studies Criminology Public Health Political Science Law Psychology Advocacy Public Policy Social Work Gender Studies Media Studies Medicine Sociology

Aims and Scope

Violence against Women is an international, interdisciplinary journal dedicated to the publication of research and information on all aspects of the problem of violence against women. The journal assumes a broad definition of violence; topics to be covered include, but are not limited to, domestic violence, sexual assault, incest, sexual harassment, female infanticide, female circumcision, and female sexual slavery.

Manuscript Submission

Manuscripts should be submitted electronically to <http://mc.manuscriptcentral.com/vaw>. Articles should be typewritten, double-spaced, with footnotes, references, tables, and charts on separate pages, and should follow the Publication Manual of the American Psychological Association (5th edition).

Manuscripts will be sent out anonymously for editorial evaluation. Each article should begin with an abstract of about 100 words. The page limit is 35 double-spaced pages, inclusive of notes, references, tables, etc.

Obtaining permission for any quoted or reprinted material that requires permission, and paying any and all associated fees, is the responsibility of the author. Submission of a manuscript implies commitment to publish in the journal. Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content. Authors in doubt about what constitutes prior publication should consult the Editor claire.renzetti@uky.edu.

Authors who want to refine the use of English in their manuscripts might consider utilizing the services of SPi, a non-affiliated company that offers Professional Editing Services to authors of journal articles in the areas of science, technology, medicine or the social sciences. SPi specializes in editing and correcting English-language manuscripts written by authors with a primary language other than English. Visit <http://www.prof-editing.com> for more information about SPi's Professional Editing Services, pricing, and turn-around times, or to obtain a free quote or submit a manuscript for language polishing.

Please be aware that SAGE has no affiliation with SPi and makes no endorsement of the company. An author's use of SPi's services in no way guarantees that his or her submission will ultimately be accepted. Any arrangement an author enters into will be exclusively between the author and SPi, and any costs incurred are the sole responsibility of the author.

Appendix C: Participant information sheet

Coventry University
Priory Street, Coventry CV1 5FB
Telephone 024 7688 8328
Fax 024 7688 8702

Programme Director
Doctorate Course in Clinical Psychology
Dr Eve Knight
BSc Clin.Psy.D. CPsychol

THE UNIVERSITY OF
WARWICK



Participant Information Sheet

Invitation to take part in a research study

My name is Eleanor Brown and I am a Trainee Clinical Psychologist studying at Coventry and Warwick Universities on the Clinical Psychology Doctorate Course.

I would like to invite you to be part of some research I am conducting. Before you can make a decision about whether you would like to be involved I would like to give you some more information about the research and what it would involve if you agree to take part.

This is a research project entirely separate from any of the voluntary organisations or support groups you may be accessing and your participation in this does not affect the support you may be receiving.

What is the research on?

I am undertaking a research study focusing on women's experiences of abusive relationships. In particular I am interested in hearing about your experiences and how you feel it may have affected your relationship with your child (or children). I refer to abusive relationships to cover all forms of physical, psychological, sexual or financial abuse within a relationship.

Existing research indicates that women may report some difficulties they have had looking after their child when they are in an abusive relationship, but also some ways they found of coping with this. I would like to find out about your experiences.

Why have I been chosen?

In my previous work I have been really inspired by the women, like yourself, that I met who had survived an abusive relationship. I have decided to conduct my research on domestic abuse to raise awareness of the effects and to help services provide better support.

You have been invited to take part because of your previous or current involvement with support services.

Dean of Faculty of Health and Life Sciences

Dr Linda Merriman Mphil PhD DpodM CertEd Coventry University Priory Street Coventry CV1 5FB Tel 024 7679 5805

Head of Department of Psychology

Professor James Tresilian BSc PhD University of Warwick Coventry CV4 7AL Tel 024 7657 3009

www.coventry.ac.uk

What would I have to do?

If you are happy to take part, your contact details will be passed to me and I will contact you and arrange a date to meet; you are welcome to ask me any questions about the research prior to meeting to help you make a decision. If you do decide to take part in the research I will arrange a time to come and meet you for an interview. We can decide where is best for you to meet, especially if cost or transport is a problem. The interview will take up to an hour. If you would like someone else to be with you for support that is fine.

Before the interview I will go through information about the study again and give you an opportunity to ask any questions you may have, if you are still happy to be interviewed I will ask you to sign a consent form to say you agree to the interview.

During the interview I will ask you some questions, but mainly I am interested to hear your story and experiences. There are no right or wrong answers. You are able to stop the interview at any time. During the interview I will be using a digital voice recorder to make sure I have an accurate record of what is said.

After the interview I will make detailed notes from the voice recording. Only myself and another researcher will have access to your recording. This will be kept confidential, your name will not be used at any time and all details and recording will be kept in a secure location. Any reports or publications resulting from the information gathered will use false names. If you change your mind and wish to withdraw from the study after the interview, you can contact me up until August 2013 and your interview will be discarded.

What are the possible risks of taking part?

It is completely up to you if you wish to take part. Talking about your experiences may be upsetting for you as this is a sensitive topic. You do not have to divulge any detail you are not comfortable sharing and you are able to stop the interview at any time. If I sense you becoming upset I will stop the interview. After the interview you will be able to ask any questions you may have. Contact details for local support services will be available. Should you choose to take part all travel expenses will be reimbursed.

What are the benefits of taking part?

Some people find telling their story of survival very empowering. If you choose to take part you will be helping to raise the profile of the impact of abusive relationships on women and their children. The findings of the research will be disseminated and used to potentially improve service responses for women and their children in the future.

Confidentiality

Everything you say in the interview will be kept strictly confidential, as in all situations I will only need to break confidentiality if I am worried you or someone else is at risk of harm. If this was the case I would discuss it with you at the time.

What now?

If your project worker or a member from your support group contacts me to say you are interested in taking part we will arrange a time to meet. If you chose not to be involved I will not contact you again.

Thank you for taking the time to read this information.

If you have any questions or concerns about this study please ask your project worker or member of your support group to contact me and I will call you, alternatively call the research team on **02476 888 328**.

The research is being organised by the Coventry and Warwick doctorate course and no money is being paid to any of the organisations. This research has been reviewed by the Coventry University Research Ethics Committee.

Appendix D: Consent form

Coventry University
Priory Street, Coventry CV1 5FB
Telephone 024 7688 8328
Fax 024 7688 8702

Programme Director
Doctorate Course in Clinical Psychology
Dr Eve Knight
BSc Clin.Psy.D. CPsychol

THE UNIVERSITY OF
WARWICK



Consent Form

Thank you for agreeing to take part in this study.

Title: A qualitative study of women's experiences of the mother-child relationship following domestic abuse .

Researcher: Eleanor Brown, Trainee Clinical Psychologist, Doctorate Course in Clinical Psychology, Coventry and Warwick Universities.

Please place your initials in the right-hand box if you agree with the following statements:

I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily.

☐

I understand that if I want to discuss the research any further, or have any additional questions relating to the research, I can contact a member of the research team; and that I have the contact details of the research team.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time before December 2013 (by contacting the research team), without giving any reason, without any support I am receiving being affected.

☐

Dean of Faculty of Health and Life Sciences

Dr Linda Merriman Mphil PhD DpodM CertEd Coventry University Priory Street Coventry CV1 5FB Tel 024 7679 5805

Head of Department of Psychology

Professor James Tresilian BSc PhD University of Warwick Coventry CV4 7AL Tel 024 7657 3009

www.coventry.ac.uk

I consent to the interview being digitally recorded and transcribed.

☐

I understand that findings from this research will be written up for publication in journals read by professionals.

☐

I agree to take part in the above study.

☐

Appendix E: Semi- structured interview schedule

Demographic questions

1. Age?
2. How many children do you have (names)?
3. How old are they?
4. Are you in a relationship at the moment?
5. How long has it been since the abusive relationship ended?
6. Was the abuser the father of your child(ren)?

Research Questions

1. In what ways do you feel the abusive relationship impacted upon you and your children?

Prompts:

- What was it like living in an abusive relationship?
- How do you think this effected you and your child?
- Have you/your child changed since you left the relationship?

2. In what ways do you feel the relationship with your child(ren) has been affected?

Prompts:

- Did you find any difficulties looking after (child's name) while you were in an abusive relationship?
- How did you feel about (child's name) during that time?
- Did you feel close to (child's name) at that time?
- How do you feel about them now?
- If change; why do you think that has changed?
- Has your relationship with (child's name) changed since you left that relationship? If yes; why do you think it has changed?

3. What has helped you sustain your relationship with your child?

Prompts:

- How did you manage to have a good relationship with (child's name) whilst you were in that relationship?
- What helped?
- What support now or then would have helped your relationship with (child's name)?

Appendix F: Stages of Interpretive Phenomenological Analysis
(Smith, Flowers & Larkin, 2009).

Stage 1	<p>Reading and re-reading.</p> <p>The transcript was read several times to immerse myself in the interview data. An initial summary and thoughts and reactions to the participants account were noted.</p>
Stage 2	<p>Initial noting</p> <p>Initial 'exploratory comments' about what the participant had said, which seemed significant, were taken. These included descriptive comments, linguistic and conceptual comments.</p>
Stage 3	<p>Developing emergent themes.</p> <p>Notes made in step 2 were then transformed into themes and phrases to capture the essence of the text. The volume of detail was reduced to produce concise statements of importance.</p>
Stage 4	<p>Searching for connections across emergent themes.</p> <p>Emerging themes from stage 3 were then listed and connections and clusters of themes were identified.</p> <p>Theme clusters were given names which were then identified as superordinate themes.</p> <p>A table of the superordinate themes was produced with quotes to illustrate.</p>
Stage 5	<p>Moving to the next participant.</p> <p>Stages 1-5 were repeated for each transcript.</p>
Stage 6	<p>Looking for patterns across participants.</p>

	<p>A list of all the themes from stage 4 was collated. These were reconfigured and relabelled as necessary with the aim of identifying concordance and divergence within the data.</p>
Stage 7	<p>Taking it deeper: levels of interpretation.</p> <p>The superordinate themes were reviewed to ensure they were in the true spirit of IPA by being interpretive rather than descriptive. The true meaning of the women's communications were considered and the transcripts were referred back to in order to gain a deeper understanding.</p>
Stage 8	<p>Writing.</p> <p>The themes were then translated into narrative accounts illustrated by excerpts from the transcript.</p>

Appendix G: Sample pages of interview transcript demonstrating stages of analysis

Completed by the lead author

Stage 2				Stage 3
Always	368	P: as I said	and I have always had a difficult relationship	resented
difficult	369		and this goes back to when she was very young and I always	younger sister.
relationship.	370		thought it's cos she resented coming along, that is what I	
wanted to be	371		said for so long it's, she didn't want her little sister end of, um	
an only child.	372		because, her behaviour from when was born up till about	
	373		ten was, this is how she saw it, that you know, that I'd be	Behaviour became
	374		picking on her but favouring and that's how she saw it	worse when
Diagnosis	375	I: so even before the ADHD the different parenting strategies		sister came.
of ADHD	376	that was sort of set up		labelling -
				ADHD
different parenting	377	P: yeah		
strategies used from	378	I: right		different
start why?				parenting
mum feels blamed	379	P: and because she's so difficult to talk to, cos she doesn't talk		strategies
by her?	380	about emotions, she doesn't talk about how she feels, there's		from the
Comparisons with	381	a lot of the blame. Which is very much her dad's culture, the		start.
her dad - negative.	382	lies my god, the lies are horrendous and yet you know she's		mum feels blamed
	383	lying but she can look you in the face yeah, and that's her dad		by daughter.
	384	um, so that's what I mean about some of the genetics, he		negative comparing
Sees her as being	385	drink, he's an alcoholic, um he's got addictions and I think		to dad.
like her dad.	386	she's going to have addictions too, I think it's her way of		blaming daughter
	387	coping		
	388	I: so seeing some of the similarities of her father and her has		
	389	has that impacted the way that you feel about her in the ways		
Initial	390	you act towards her?		mum resented
Denial she felt negatively	391	P: no because she's who she is she is, I worry of course about		her for making
towards her because	392	the drinking, I there's actually, that's a very good question, cos		her a single
was like her dad.	393	I wonder if subconsciously in the past, there was resentment		parent.
Acknowledged she				- easier to think?
resented her.	394	I: OK		
resentful of being single	395	P: without me being aware, I do wonder if I was resentful of		friend noted
parent.	396	being a single parent, yeah. And a friend of mine said, you		she treats them
Friend noted she	397	know she has said that I was harsh on and not you		differently.
treats them	398	know, so that was her observation		
differently - so				nature/
this has thought	399	I: it's so hard isn't it to think about the genetics the		nurture
about before.	400	environment and everything else going on so		
genetics/				
env	401	P: it's the nature nurture debate isn't it, you know, it's how do		Justifies need
Still justifying them	402	you ever pick that about, it's, they're brought up together, yes		for different
needing different	403	I parented one differently cos she had to have clearer		parenting.
parenting techniques	404	instructions, she had to have, um that, there's a consequence		
	405	for the behaviour it had to be we wouldn't talk about her		
	406	being the "bad person" it would be the "behaviour" not that I		

Appendix H: Validity coding

stage 3

I: have you always felt that it's that way that you and kind of see more eye to eye than you and or don't

P: as I said and I have always had a difficult relationship and this goes back to when she was very young and I always thought it's cos she resented coming along, that is what I said for so long it's, she didn't want her little sister end of, um because, her behaviour from when was born up till about ten was, this is how she saw it, that you know, that I'd be picking on her but favouring and that's how she saw it

I: so even before the ADHD the different parenting strategies that was sort of set up

P: yeah

I: right

P: and because she's so difficult to talk to, cos she doesn't talk about emotions, she doesn't talk about how she feels, there's a lot of the blame. Which is very much her dad's culture, the lies my god, the lies are horrendous and yet you know she's lying but she can look you in the face yeah, and that's her dad um, so that's what I mean about some of the genetics, he's an alcoholic, um he's got addictions and I think she's going to have addictions too, I think it's her way of coping

I: so seeing some of the similarities of her father and her has has that impacted the way that you feel about her in the ways you act towards her?

P: no because she's who she is she is, I worry of course about the drinking, I there's actually, that's a very good question, cos I wonder if subconsciously in the past, there was resentment to who?

I: OK

P: without me being aware, I do wonder if I was resentful of being a single parent, yeah. And a friend of mine said, you know she has said that I was harsh on and not know, so that was her observation

I: it's so hard isn't it to think about the genetics the environment and everything else going on so

P: it's the nature nurture debate isn't it, you know, it's how do you ever pick that about, they're brought up together, yes I parented one differently cos she had to have clearer instructions, she had to have, um that, there's a consequence for the behaviour it had to be we wouldn't talk about her being the "bad person" it would be the "behaviour" not that I would ever use bad you know, within those terms um, but certainly not now, um yeah it's just being very complex

I: you mentioned um sort of paediatrician and CAMHS being involved do you think that helped sort of, the parenting and the relationship with with your two kids, and you've obviously got a lot of strategies for

P: definitely helped Sam I think it wound up all the more

I: it sounds like pushing an intervention when she's not

stage 2

does mum resent

difficult relationship with eldest
→ resentment of sister

use of 'she' again
→ blame?

describes daughter as similar to father due to genetics - lies addiction

resentment → softer to admit if subconscious

ones described harsh to you eldest.

brought up together
→ does she imply they would be similar?

parenting strategies focused on behaviour rather than person

↓
with feels more like focus on person 'genetic' rather than behaviour.

→ differences in parenting strategies made less angry.

Similarity of father abusive father coping styles

Resentment of daughter's similarities

Treated daughter differently

Nature/nurture but different parenting in same environment

Appendix I: Table summarising superordinate and sub themes

Summary of themes for Bonnie.

Superordinate theme	Sub themes (No's indicating line no's in transcript)
Relationships	Several abusive relationships (24)
	Any relationship can be abusive (60)
	Has different standards for relationship now (63)
	Difficult relationship with eldest daughter (195, 429)
	Daughters different, relationship with each different (204, 247, 257, 379, 395,)
	Daughter like father (276, 304, 322, 340, 383)
	Resented daughter (273, 282, 285, 391)
	Positive changes since leaving (150, 153, 486, 494)
Effects of abuse	Fears she could be dead (40)
	Hopelessness (112, 237, 291, 433)
	Dislike of self (79)
	Felt worthless (107, 170)
	Impacted upon parenting (130, 240, 284)
	Daughters anxiety (479, 450, 463)
Sense making	Her background-parents DV (99, 168, 175, 184)
	Her taking responsibility (176, 187)
Support	Freedom programme (40, 90, 130)
	Police (614)
	CAHMS (250, 290, 409, 430)
	Need intervention in schools (515, 586, 598)

	Greater awareness of DV to professionals (523, 533)
	Daughter refused help (257, 291)
Self as bad mother	Didn't keep them safe (133)
	Came second to DV (128)
	Guilt (135, 356, 395, 440)
	No boundaries (162, 166, 348)
	Lack of parenting ability (294)
	Resented child (393, 395)
Blaming child	Bad behaviour (195, 316, 341)
	Diagnosed disorders (209, 248, 259, 299, 309, 375)
	Nature/nurture debate (196, 401, 449, 470)
	Daughter like father (276, 304, 322, 340, 383)
	Hard to parent (270, 264, 273, 430)
	Asked her to leave home (324, 338)